

SAINT AGNES MEDICAL CENTER

Community Benefit & Social Accountability Report *For fiscal year ending June 30, 2018*



A member of Trinity Health

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Introduction

The Sisters of the Holy Cross began their ministry in Fresno, California in 1894, with the opening of a boarding and day school for girls. In 1929, at the request of the local bishop, eight Holy Cross Sisters established the original Saint Agnes Hospital close to the downtown area on the corner of Fruit and Floradora avenues.

As Fresno grew northward and the hospital outgrew its facilities, Saint Agnes Medical Center relocated to its present site in north Fresno in 1975. From the original 75 beds, Saint Agnes has grown to a current bed capacity of 436 licensed beds and cares for residents of Fresno, Kings, Madera and Tulare counties.

In the early 1980's, Saint Agnes expanded its outreach beyond the hospital to include the building, development and sponsorship of the Holy Cross Center of Women and the Holy Cross Clinic located within the Poverello House across the street from the Women's Center.

The Holy Cross Center for Women and the Holy Cross Clinic are two of our most important outreach programs that span a wide area of generous donors' time, talent and dollars. The services reach a large number of clients who pass the word to others of this availability and of services.

In May 2000, Holy Cross Health System (South Bend, Indiana) and Mercy Health Services (Farmington Hills, Michigan) merged to form Trinity Health, the fourth largest Catholic healthcare system in the United States.

In April 2005, Saint Agnes Medical Center began serving patients in the new addition, the North Wing. This marked the completion of the largest building expansion in the history of Saint Agnes Medical Center.

Saint Agnes Medical Center continues to expand its programs to give Valley residents greater access to needed primary and specialty care. This includes offering several new Saint Agnes Care sites in Fresno and Clovis, as well as two Urgent Cares for those minor illnesses and injuries that cannot wait for an appointment.

In addition to growing its physical presence, Saint Agnes continues its strong partnerships with Dignity Health and Valley Children's Healthcare to form an integrated health care delivery network unlike any other in the region. It is all part of the promise made more than 87 years ago – to care for patients and their loved ones with the highest quality, most compassionate health care.

Saint Agnes Medical Center Core Values

Mission Statement

We, Trinity Health and Saint Agnes Medical Center, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

- ❖ *Reverence*
We honor the sacredness and dignity of every person.
- ❖ *Commitment to those who are poor*
We stand with and serve those who are poor, especially those most vulnerable.
- ❖ *Justice*
We foster relationships to promote the common good, including sustainability of Earth.
- ❖ *Stewardship*
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- ❖ *Integrity*
We are faithful to who we say we are.
- ❖ *Compassion*
We give love, care and comfort to heal the body, mind and spirit, even when there is no cure.
- ❖ *Excellence*
We promise not to settle for good enough, personally or professionally, and we hold one another accountable for keeping our promise

Vision

Saint Agnes Medical Center will be the trusted health partner in Central California through its unrelenting pursuit of excellence.

Guiding Behaviors

- ❖ *We support each other in serving our patients and communities.*
- ❖ *We communicate openly, honestly, respectfully, and directly.*
- ❖ *We are fully present.*
- ❖ *We are all accountable.*
- ❖ *We trust and assume goodness in intentions.*
- ❖ *We are continuous learners.*

Executive Summary

Saint Agnes Medical Center (SAMC, Saint Agnes) is a Catholic healthcare ministry, not-for-profit hospital with 436 acute care beds, located in the city of Fresno, California. SAMC serves the community members of Fresno, Madera, Kings, and Tulare counties. In May, 2013 SAMC became a member of one of the nation's largest Catholic Health systems with the merger of Catholic Health East and Trinity Health. Trinity Health employs more than 95,000 people in 21 states and returns more than \$1 billion to its communities annually in the form of charity care and other community benefit programs. SAMC's 2,533 staff and 902 active volunteers work diligently to serve the needs of 1.1 million patrons in its service area.

Clinical Care

SAMC programs and services include: Cancer Services, Emergency Care, Endoscopy, Heart & Vascular, Imaging Services, Laboratory Services, Neuroscience, Occupational Health Center, Orthopedics, Surgery, Palliative Care, Pulmonary Rehabilitation, a licensed acute care facility with Women and Infant Services, Wound Care including Hyperbaric Medicine and Amputation Prevention, Breast Center, Medical Library, Outpatient Surgery, Cardiac Rehabilitation, and Satellite Labs. Additionally, SAMC operates offsite-programs that include the California Eye Institute at Saint Agnes, Saint Agnes Health Hub, Holy Cross Center for Women, and the Holy Cross Clinic.

SAMC's Emergency Department maintains emergency care services on a 24 hour, seven days per week basis. An average of 238 patients per day received services from the Emergency Department in FY18.

A satellite Neonatal Intensive Care Unit (NICU), established through a partnership with Valley Children's Healthcare, provides eight community level III and six level II NICU beds.

Spiritual Care

Spiritual Care Services are available 24 hours, seven days a week for patients, families and staff. SAMC's ministry of healing also actively reaches out to civic, religious, and social entities throughout the service area in an effort to reach as many in need as possible.

Health Education and Support Groups

SAMC's Community Health Education and support groups play an essential role in the education and management of chronic conditions and disease states most prevalent in the SAMC service area. They include:

- ❖ Adult Sickle Cell Management
- ❖ Amputee Support Group

- ❖ Better Breather's Club
- ❖ Chronic Disease Management
- ❖ Diabetes Prevention and Management
- ❖ Gestational Diabetes Management
- ❖ Grief Support for adults and children
- ❖ Lactation Education
- ❖ New Mom Support Group
- ❖ Ostomy Support Group

Commitment to the Community

Community Benefit is rooted in the core beliefs of Saint Agnes Medical Center. We believe that programs designed to improve access to healthcare and improve the health and lives of low-income persons and individuals who are marginalized should be a priority. We are committed to providing a continuum of services that range from preventive to acute care, rehabilitation, and health maintenance. SAMC actively engages in promoting a holistic approach to healthful behavior, lifestyle, and well-being in mind, body, and spirit. SAMC prides itself on community involvement, community capacity building through collaborative efforts, relevant advocacy efforts, as well as offering programs and services that benefit the residents of its service area.

SAMC's Administration, Board of Trustees, and Community Benefit Committee are committed to the strategic process of identifying, planning, implementing, and evaluating Community Benefit programs. Together they oversee the program, which includes review and approval of community benefit plans, regulatory reports and Mission Services Fund grant allocations. Community health programs are targeted to directly address prioritized community needs as outlined in SAMC's Community Health Needs Assessment (CHNA) report. Great care is given to ensure that all initiatives are in accordance with the policies and procedures of Trinity Health and Saint Agnes Medical Center. They include:

- Supporting and implementing SAMC's mission and core values related to health services,
- Serving as a resource for SAMC by highlighting information relative to the unmet needs of the medically underserved communities within our service area,
- Offering recommendations and insight regarding the health service needs of Fresno, and Madera counties,
- Serving as a link between SAMC's Board of Trustees and the Community Health Benefit planning process,
- Providing leadership for community benefit planning,
- Overseeing the process and selection of the Community Partner Grant Program.

The Community We Serve

Following is a brief description of the community served by SAMC, the development of the CHNA report and the community benefit plan as required by SB 697 and a narrative of Community Benefit activities and programs provided in FY18 that address the prioritized needs outlined in the 2017-2019 Implementation Strategy.

Saint Agnes Medical Center Service Area

Saint Agnes Medical Center defines the community served as those individuals residing within its hospital service area without exclusion of low-income or underserved populations. Saint Agnes Medical Center's primary service area includes the majority of Fresno and portions of Madera counties. The remainder of Fresno and Madera counties, as well as portions of Kings and Tulare counties comprises the secondary service area of Saint Agnes Medical Center.

Over 1.1 million people live within SAMC's primary Fresno and Madera service area, which covers more than 8,000 square miles according to the U.S. Census Bureau American Community Survey 2011-15. The City of Fresno is the largest of the cities in Fresno County. Madera County is the furthest north of all four counties with the largest city being Madera. Over 600,000 people live in Kings and Tulare counties.

The counties face many challenges. Among 58 California counties, Fresno County ranked 52nd, Madera ranked 45th, Tulare ranked 50th, and Kings County ranked 37th in health outcomes, as reported by the University of Wisconsin Population Health Institute. The data includes premature birth and deaths, low birth weights, access to exercise activities, obesity, physician to resident ratio, rate of uninsured residents, and numerous other factors.

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors.

Poverty is a significant social determinant of health because the absence of economic resources impacts housing choices, food options, and overall lifestyle choices. Within SAMC's primary service area, nearly 51% of residents are living in households with income below 200% of the Federal Poverty Level (FPL) and slightly more than 54% of Tulare and Kings live below 200% FPL.

The area's unemployment rate is consistently above the National and State rates. Total unemployment within the primary service area is 46,407, or 9.1% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). Tulare and Kings Counties' unemployment rate is slightly higher, at 10.5%. Per capita income ranges from \$17,970 in Madera County to \$20,408 in Fresno County, which is substantially lower than the California average of \$30,318.

SAMC's service area as a whole is an area of immense need, with fewer health resources than the rest of the state. It is a region of great diversity, with both urban and rural populations, and many immigrants. The estimated population that is of Hispanic, Latino, or Spanish origin is 942,307. This represents 54.95% of the total report area population, which is greater than the national 17.13% rate.

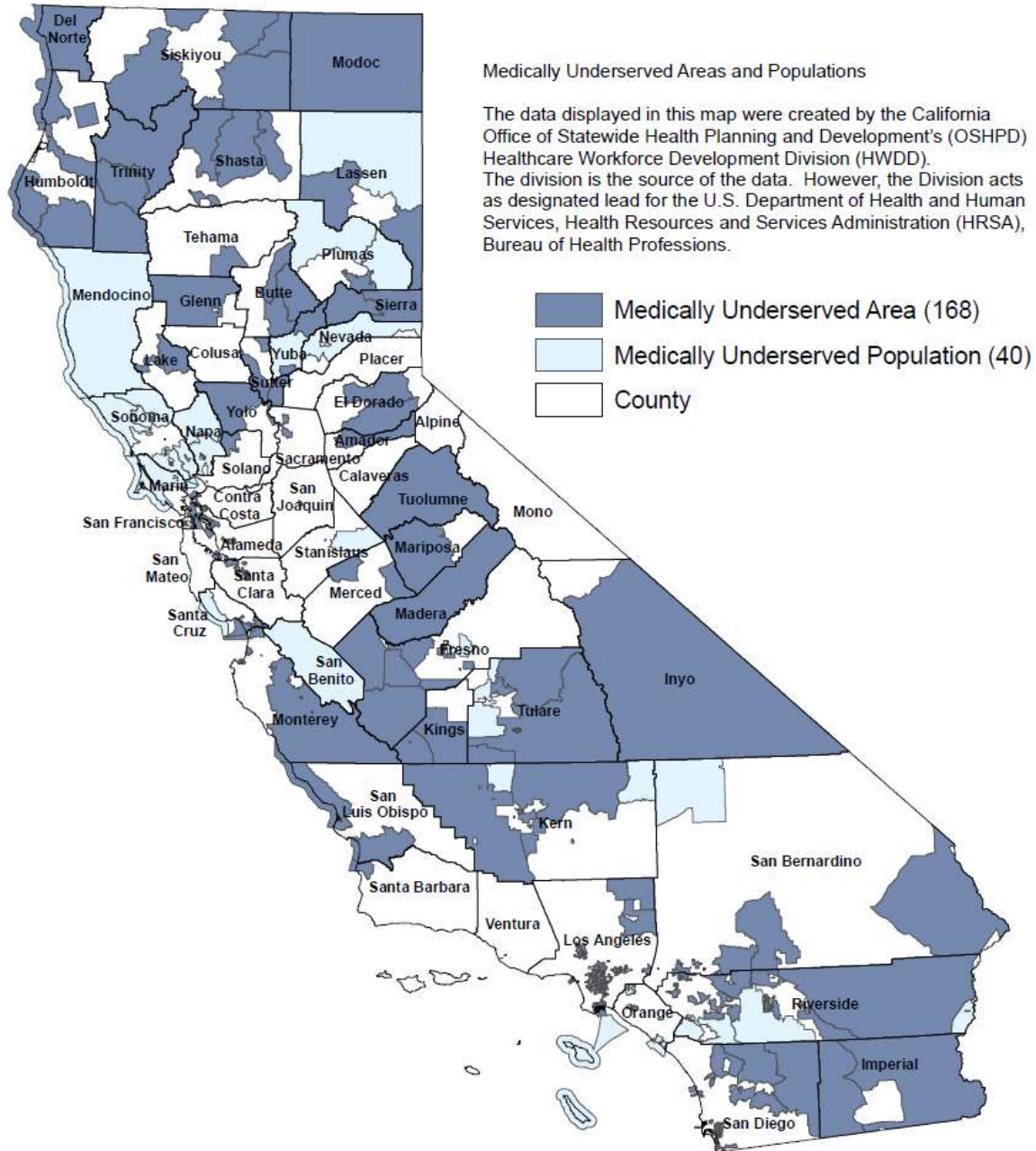
The wide range of languages spoken in each county reflects the diversity of the region. Less than 20% of the population over age 5 has a limited English proficiency, and nearly 10% is linguistically isolated. Within SAMC's service area, nearly 84% of residents with limited English proficiency speak Spanish; 10.35% speak Asian or Pacific Island Languages, and 4.86% speak Indo-European Languages.

There is a strong link between education and educational attainment and health outcomes; a 25 year old in the US without a high school diploma today will die 9 years sooner than a college graduate. People with more education live longer, experience better health outcomes and tend to practice health-promoting behaviors (i.e. getting regular exercise, refraining from smoking, or getting timely medical checkups, immunizations or screenings). Unfortunately, over a quarter of the population in Madera and Fresno, and more than 30% in Tulare and Kings Counties, lack a high school diploma. Within each county, less than 20% of the population has a bachelor's degree compared to 31.43% of California as a whole.

The physical environment also affects a community's health. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. According to the Centers for Disease Control, the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard per year in the four counties was nearly four times higher than the State. Additionally, more than 500,000 residents have limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food.

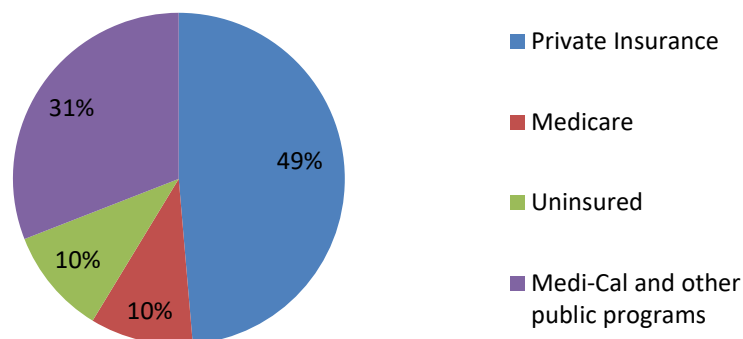
Another factor that exacerbates access to care is the high rate of adults and children that lack insurance. More than 16% of residents in Fresno and Madera counties combined and 14.79% of residents in Tulare and Kings Counties combined are uninsured. These rates are higher than California's 14.7%. These factors influence rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care. The low rate of primary care physicians in the region and consequently the high range of the population that lives within a Medically Underserved Area (MUA) impact people living in SAMC's area. The number of primary care physicians per 100,000 population in Fresno and Madera Counties is 67.9, which is lower than the State's rate of 86.7. Tulare and Kings Counties are even lower at 47.2 per 100,000. The map that follows references the designated MUAs.

Medically Underserved Areas and Populations



(Office of Statewide Health Planning and Development, (2010, October), *Medically Underserved Areas and Populations*, Retrieved June 30, 2015 from <http://gis.oshpd.ca.gov/atlas/topics/shortage/mua>)

Insurance Coverage Mix for Fresno County



California Healthcare Foundation, 2016; California Regional Markets: Fresno, California Health Care Almanac Quick Reference Guide. Retrieved from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20A/PDF%20AlmanacRegMktQRGFresno16.pdf>

Population Totals by County

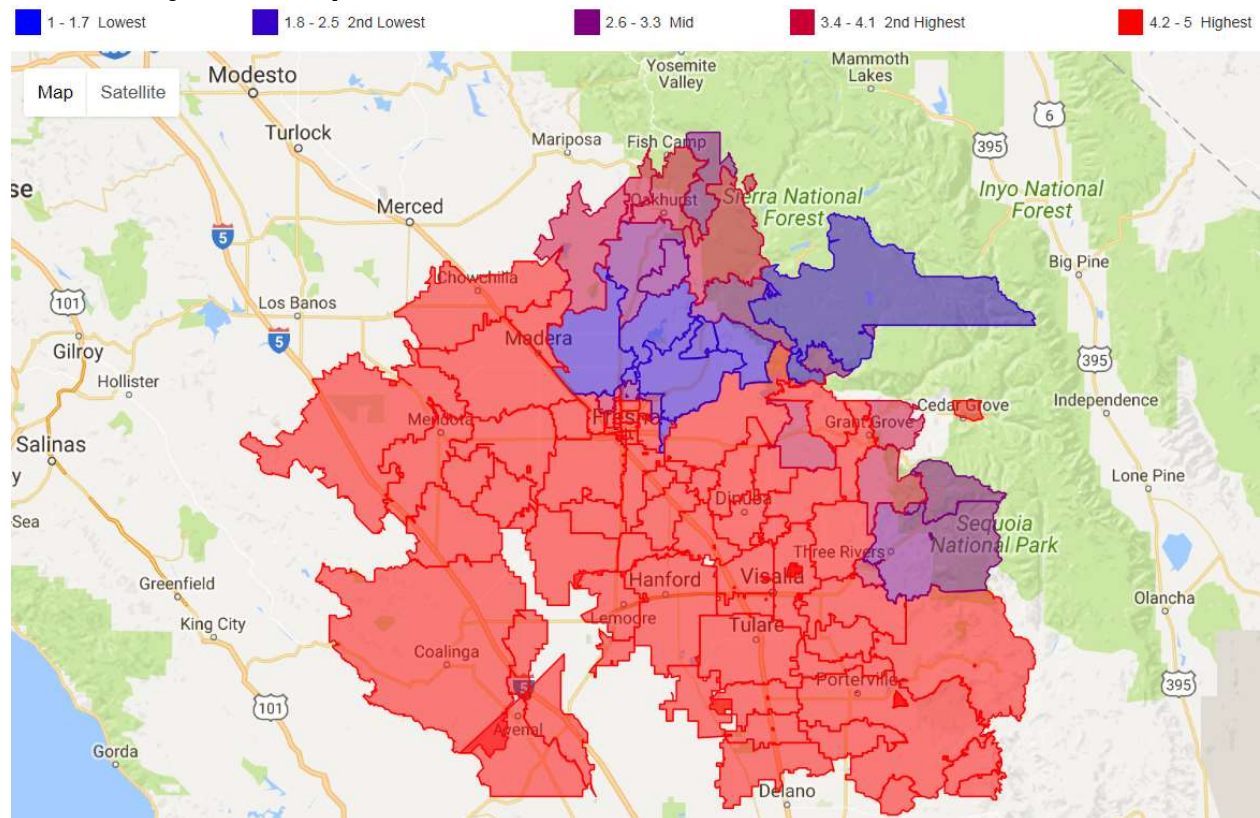
	Fresno	Kings	Madera	Tulare
Total Population	939,605	151,806	151,435	446,644
Hispanic or Latino (of any race)	477,078	78,236	82,456	273,533
White	302,091	53,046	56,775	142,669
African American/Black	45,457	9,843	4,641	5,765
American Indian and Alaska Native	4,814	1,200	1,687	3,048
Asian	88,753	5,292	2,942	14,264
Native Hawaiian and Other Pacific Islander	1,216	315	625	412
Some other race	1,786	404	105	415
Two or more races	18,410	3,470	2,204	6,538

Summary of the raw population totals for each county by demographic groups. Data Source: www.chna.org

Community Need Index

Community Need Index (CNI) ratings help identify the levels of health disparity within specific zip codes. The CNI takes into account underlying economic and structural barriers, as well as, public health data. Using a rating scale of 1-5, the CNI associates the lowest level of health disparity at 1 and the highest at 5. The Mean (zip code) CNI score for SAMC's service area is 4.3 with the median score being 4.6 as illustrated in the following map.

Community Index Map



(Dignity Health. CA, Fresno, Madera, Kings and Tulare Counties, *Community Need Index*; Fresno County, Madera County, Kings County and Tulare County; Retrieved on September 20, 2016 from <http://cni.chw-interactive.org/>)

Community Benefit Planning Process

Community Health Needs Assessment (CHNA)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain their tax-exempt status under section 501(c)3 of the Internal Revenue Code. One such requirement added by ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a CHNA at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low income, minority, and medically underserved populations and individuals with chronic conditions.

Saint Agnes Medical collaborated with 14 service area (Fresno, Kings, Madera, and Tulare Counties) hospitals to conduct the 2016 CHNA. The Hospital Council of Northern and Central California facilitated the CHNA process.

The 2016 CHNA assessed Fresno, Kings, Madera and Tulare counties, which together comprise a major portion of San Joaquin or Central Valley of California. Community input identified

community health needs and secondary data confirmed the needs perform below State averages. Further review of the health needs determined the extent to which health inequities may exist and which segments of the population are more negatively impacted. In addition to primary data sources, community surveys, focus groups, and key stakeholders interviews in each county also provided a community assessment.

A CHNA survey leveraged the opportunity to use a consistent set of questions across all four counties. The Healthy Madera Coalition and the County Public Health Department staff designed the CHNA Survey. Thirty-six questions focused on demographic information and centered on key health concerns and factors that influence the health of the community.

Between July and December 2016, the CHNA Survey solicited perspectives on health needs, perceptions on what environmental factors influence the health of the community, behaviors that affected health and other barriers to getting healthcare in their county. Other questions focused on what participants considered indicators of a healthy community and what factors in their community most need improvement. Three questions identified whether respondents were hospital staff members and which hospital they worked in order to distinguish health care workers versus residents taking the survey. Health care workers answered questions about what patient issues they most often see in their department.

Fifteen focus groups took place between August and October, and ranged in size from 3 to 28 participants. The focus groups were coordinated in partnership with community-based organizations. They were Fresno Metro Ministry, Centro La Familia Advocacy Services, the Kings County Action Organization, and the Tule River Tribe. In addition, the Madera County Department of Public Health and Camarena Health, a Federally Qualified Health Center, assisted with the outreach efforts in their county and provided the community survey used for the CHNA. Hospital and facility staff, community leaders from nonprofit and faith-based organizations, elected officials and residents attended the focus groups.

The workgroup identified approximately 95 individuals considered key-stakeholders in the region that could provide a unique perspective on the health of the community, healthcare delivery systems in place, and overall conditions that influence health behaviors. Their organizations represented constituents including members of medically underserved populations experiencing health disparities or are at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial or other barriers.

Thirty-six stakeholder interviews took place between July 20 and September 10, 2015. They included leaders from the Fresno County Housing Authority, Fresno County Behavioral Health, Central California Children's Institute, Stone Soup, Kings County Action Organization, Porterville High School, Tulare County Health and Human Services Agency, Fresno Center for New Americans, Every Neighborhood Partnership, Visalia Unified School District, Poverello House, Youth Leadership

Institute, Fresno Department of Public Health, Camarena Health and Madera Public Health Department. The format for the interviews was identical to the focus group process.

Secondary data was reviewed for evidence of health needs. This included metrics and indicators identified by either the Center for Disease Control and/or used by Healthy People 2020 (HP2020) initiative. HP2020 is a collaboration of the US Department of Health and Human Services and other federal agencies and research institutions.

Based on the input provided by community residents, youth, leaders, and health care workers who participated in focus groups, stakeholder interviews or completed the CHNA Survey throughout the four-county region, as many as 11 health needs emerged as a priority. Seven of the identified health needs were common throughout all four counties as shown in the table below.

Identified Health Needs

Identified Health Need (listed in alphabetical order)	Fresno	Kings	Madera	Tulare
Access to Care*†	1	3	2	1
Breathing Problems (Asthma)*†	2	2	4	4
CVD/Stroke (Hypertension)		7	6	
Diabetes*†	3	1	1	2
Maternal and Infant Health (Infant Mortality & Premature	6			
Maternal and Infant Health (Teen or Unintended Pregnancy)		8		6
Mental Health*†	4	5	5	5
Obesity*†	5	4	3	3
Oral Health (Dental Care)*	8	9	8	9
Substance Abuse*	7	6	7	8
Violence/Injury Prevention	9			7

Figure 1: Summary of health needs ranked across all four counties as ranked by community stakeholders.

Health need not identified

* Health need is common throughout the four-county region.

† Top five common health need throughout the four-county region.

Saint Agnes Medical Center Implementation Strategy (IS)

The implementation strategy approved by the Board of Trustees addresses the community health needs identified in the 2016 CHNA and that SAMC determined to meet in whole or in part and that are consistent with its mission. SAMC commits to continuous monitoring of service area resident's health status, gaining a comprehensive understanding of local service area social and economic issues, and creating/fostering relevant partnerships with local Community Benefit Organizations to make the greatest impact on health in the community. The Mission and Community Benefit Committee of the Board of Trustees provides ongoing oversight of SAMC's Community Benefit programs and initiatives.

*Saint Agnes Medical Center's Implementation Strategy is available in **Appendix A**

Significant health needs to be addressed

SAMC will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- ❖ Access to Care
- ❖ Diabetes
- ❖ Obesity
- ❖ Oral Health (Dental Care)

Summary of Key Program and Initiatives—Fiscal Year 2018

Overall Net Community Benefit for fiscal year 2018 (FY18) totaled \$27,055,279, which supported medical care services for the poor and underserved, community health improvement services, health professions education, and other benefits for vulnerable populations. The number of people served through SAMC Community Benefit investments totaled 149,961. Community Benefit services and programs include:

Ministry for the Poor and Underserved

- ❖ Charity care
- ❖ Unpaid costs of Medi-Cal program
- ❖ Holy Cross Center for Women
- ❖ Donation of Medical Supplies
- ❖ Holy Cross Medical Clinic at Poverello
- ❖ Transportation Voucher Program
- ❖ Medi-Cal Eligibility Assistance
- ❖ Financial Assistance to Poor Patients

Ministry for the Broader Community

- ❖ SAMC Health Hub
- ❖ Chronic Disease Management and Prevention
- ❖ Health Care Enrollment Assistance
- ❖ Support Groups
 - Adult Sickle Cell Management
 - Better Breather’s Club
 - New Mom Support Group
 - Grief Support for adults and children
 - Ostomy Support Group
 - Diabetes Management
- ❖ Community Benefit Operations
- ❖ Health Professions Education
 - Graduate Medical Education
 - Nurses and Nursing Students
 - Other Health Professions

Financial Contributions for Poor and Underserved and Broader Community Initiatives

Ministry for the Poor and Underserved

Charity Care:

Saint Agnes Medical Center is committed to providing quality healthcare services with compassion and respect, regardless of race, creed, sex, age or financial status. This includes a commitment to provide accessible services to individuals who do not have medical insurance or cannot afford to pay the full self-pay portion of their bill not covered by insurance.

Charity Care totaled \$2,511,478 and served 4,293 community members in FY18.

Unpaid costs of Medi-Cal:

Government-sponsored means-tested health care community benefit includes unpaid costs of public programs for low-income persons. This is the shortfall created when a service provider receives payments that are less than the cost of caring for public program beneficiaries.

Unpaid Cost of Medi-Cal totaled \$19,747,998 and served 97,167 community members in FY18.

Community Health Services

SAMC is committed to improving health care access for all persons, regardless of race, culture or economic status. Because we have a special concern for vulnerable persons, we put a priority on programs that address the most vulnerable in our communities and ensure that all programs reach persons most in need. They include:

➤ **Medical Financial Assistance to the Poor and Medi-Cal Eligibility Assistance**

SAMC provides a Medical Financial Support Program as a resource to patients who need assistance covering the cost of their medical care, medication, medical equipment, and transportation costs to and from the Emergency Department or other appropriate facilities of care. The program also assists with short-term housing as well as funeral or cremation costs.

All patients may apply for financial support either in advance of or after receiving hospital services. Eligibility is determined on an individual basis, taking into account income, assets and insurance status.

Staff is available to assist patients in applying for public assistance programs if they are eligible.

In FY18, SAMC provided \$48,988 in financial assistance to the poor. Costs related to Medi-Cal Eligibility Assistance totaled \$76,714.

➤ **Holy Cross Center for Women**

In 1984, Saint Agnes opened the Holy Cross Center for Women. The Center serves as a refuge for homeless and underserved women and their children. Each month, the Center

provides clothing, showers, laundry services and educational opportunities for those in need. Services are free to all women and children who walk through the Center's doors.

Mary Haven is an educational facility within the Holy Cross Center for Women. It opened in 1998 to help clients become more self-sufficient. Participants learn basic skills in sewing, crafts, computers, parenting and English as a Second Language. Additional offerings include a variety of self-help courses such as personal safety, nutrition, health, financial literacy, improving self-image and GED classes.

The Center also offers programs for children, which take place in The Gathering Place, a learning center complete with books, educational materials, toys, and computers.

Summer options for youth ages 4 to 12 include literacy and cultural literacy programming. The Junior Enrichment Program is a six-week session designed for 13 – 17 year old youth, which focuses on healthy habits, obesity prevention, and healthy behaviors (gang/substance use/illegal activity avoidance). Outdoor activities and field trips prove to be a great learning experience for all participants. Each program concludes with a graduation ceremony and includes several awards for achievement.

Saint Agnes Medical Center, the Saint Agnes Women's Club, the Saint Agnes Men's Club, and the Saint Agnes Foundation also provide funding and support for Holy Cross Center for Women.

In FY18 the Center, which operates 6 days a week, saw an average of 131 women a day and 17 children daily. Fifty-nine students graduated from the three summer programs in FY18.

The Holy Cross Center for Women provided 38,896 "days of assistance" with a Community Benefit investment of \$529,033 in FY18.

➤ **Holy Cross Clinic at Poverello**

In 1982, the Sisters of the Holy Cross and Saint Agnes Medical Center identified the need for basic medical and dental care for at-risk community members. In response, the two groups came together to create the Holy Cross Clinic.

The Holy Cross Clinic provides free medical and dental services to our Valley's uninsured, underinsured, low income and homeless. Many of the Clinic's patients are undocumented and use the services because they know that this is a safe environment for them to receive care. The Clinic provides oral health education, and offers preventative oral health services to all in need regardless of ability to pay.

Clinic staff and volunteers also conduct health screenings at local senior centers, providing much-needed basic medical attention.

For FY18, medical and dental encounters totaled 2,541 with a Community Benefit investment of \$276,869.

➤ **Transportation Voucher Program**

Access to Care is a high priority need that continues to be unmet for a large segment of patients in the service area. The need for transportation makes it difficult for individuals to continue with ongoing medical treatments. SAMC's transportation voucher program provides taxi vouchers, bus tokens, and other specialized methods of transportation to people in need. SAMC's Care Managers, Social Workers and Community Health Workers coordinate care to remove this barrier.

Costs related to the Transportation Voucher Program totaled \$187,868 and served 2,349 community members.

Financial Contributions

Research demonstrates that a comprehensive approach to care that includes addressing social determinants of health will improve a patient's outcomes. To that end, SAMC is committed to working collaboratively with partners to improve the health of the community we serve. In FY18 SAMC provided the following contributions to non-profit community based organizations working to end homelessness in Fresno and the Central Valley.

- In FY18, SAMC provided \$70,000 to support the coordinated effort of **Fresno First Steps Home**. The goal of FFSH is to raise funds to invest in non-profit community organizations working to end the cycle of homelessness. These funds give people a chance to get off the street and regain their independence. Partner organizations work to provide immediate housing to individuals for more stability and then wrap services and support around them for long-term success.
- The 2018 point-in-time count helped identify the housing and service needs of the homeless population in our community. The three-day effort also assisted in the national goal of ending homelessness. Volunteers canvassed Fresno and Madera streets to count and survey the county's most vulnerable homeless individuals and families. **Turning Point** of Central California received \$5,000 to support the community-wide effort.
- **Catholic Charities** is a Community Benefit Organization serving the needs of those in crisis. The organization provides food for the hungry, clothing and other social service support to low income and homeless individuals. In FY18, Catholic Charities received a total of \$13,500 to support the services provided in Fresno County.
- In FY18, Saint Agnes Medical Center provided the **Fresno Economic Opportunities Commission** (Fresno EOC) \$25,000 to assist in the expansion of the Mobile Food Service Program. The program goals include serving children at five (5) stops encompassing 15 motel locations on Parkway drive, where more than 70% of children under 18 live below the poverty level, compared to 38.2% of Fresno County as a whole (2011-2015 American Community Survey 5-Year Estimates). EOC expects to serve 20,000 meals to children and youth ages 1 to 18 in Fresno County. Fresno EOC has spent over five decades investing in people, helping them become self-sufficient.

Ministry for the Broader Community

Saint Agnes Medical Center understands the positive benefits that support systems have on a person's well-being. They play an important role in making healthier choices, improving coping skills, reducing depression and anxiety. We are committed to listening to the needs of our patients, their families, and community members. As such, we continue to provide coordination of care, health education, health care enrollment assistance, and support groups for emerging needs for our patients and the broader community.

Saint Agnes Health Hub

The Saint Agnes Health Hub assists at-risk, underserved, vulnerable patients and community members access appropriate services quickly. Community health workers (CHWs) employed at the hub help recognize potentially serious problems, thus preventing poor health and social outcomes for individuals and communities. They work with participants to access care including primary care and specialty care appointments, medication assistance, behavioral health and insurance enrollment. The CHWs also connect participants to various social services such as housing, food resources, clothing, and transportation. Costs related to the Saint Agnes Health Hub in FY18 totaled \$110,665.

Chronic Disease Management

- **A Healthier You** - Saint Agnes Medical Center continues to offer "A Healthier You" chronic disease self-management to the public at no cost. Developed by Stanford University, this six-week program is evidence based and has proven to improve participant's self-efficacy and self-management skills.

Participants learn self-management techniques associated with relaxation, emotion management, exercise education/planning, healthy eating habits, symptom management, medication management, communication skills, and weekly goal setting.

The Healthier You program benefited 432 participants. Additionally, in FY18 Saint Agnes trained 10 Spanish speaking lay leader facilitators.

- **Diabetes Management and Prevention – Saint Agnes Medical Center works in partnership** with the California Health Collaborative (CHC) to implement the National Diabetes Prevention Program in Fresno as well as the Diabetes Education Empowerment Program. The National Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program that delays or prevent the development of type 2 diabetes among people at high risk. CHC works with clinics and medical providers to identify participants.

The Diabetes Education Empowerment Program is a licensed diabetes self-management education program that teaches diabetics how to control their disease and prevent its complications. Topics include diabetes risk factors, complications, nutrition, physical activity, use of the glucose meter and medications, building partnerships with a diabetes healthcare team, psychological effects of illness, problem-solving strategies, and how to access community diabetes resources. Participants meet once a week for 2 hours over a six-week period.

Both programs are offered to the community at no cost and benefited more than 140 participants.

- **Tobacco Reduction and Cessation** –In FY18 SAMC supported campaigns for tobacco-free parks, community and youth-friendly markets, content neutral signage restrictions, and tobacco cessation programs to reduce the effects of tobacco on residents in Fresno County.

Funding to the **Youth Leadership Institute** supports youth-led work around the issue of tobacco, flavored tobacco, vaping, and e-cigarettes, and helped supplement skills building and training for youth. The goals of the program include engaging elected officials, including city council and the local school boards, with presentations regarding smoke and tobacco-free park policies.

Also in FY18, Saint Agnes and the American Lung Association partnered to bring the only facilitated smoking cessation program to Fresno, **Freedom From Smoking®**.

The Freedom From Smoking program uses proven activities and tools to help people understand their own relationship with tobacco. The 8-week program, offered in both English and Spanish, are led by three Saint Agnes Respiratory Therapists who have received training from the American Lung Association. The goal of the program is not only to offer tools to smokers to help them become non-smokers, but it also offers in-person support from others who are quitting too.

SAMC's investment of \$109,151 helped bring the chronic disease prevention and management programs to Fresno County.

Health Care Enrollment Assistance

While the number of people without healthcare coverage has decreased, many low-income individuals and families continue to live without insurance. SAMC remains committed in assisting community members in finding a plan that best fits their need and budget.

In FY18, SAMC provided one-on-one Health Care Enrollment to 1,704 persons at a cost of \$64,167

Support Groups

- Saint Agnes Medical Center established the **Adult Sickle Cell Program** in 1994 in response to a recognized need of service area for community members. This program continues to be the only service of its kind between San Francisco and Los Angeles, and plays a vital role

in educating sickle cell patients about proper management of the disease. The program makes the transition from Pediatric to Adult Sickle Cell care as smooth as possible in close collaboration with the local partnering organization, Valley Children's Healthcare. The program's outpatient clinic provides a setting for patients to be seen by physicians who specialize in Sickle Cell management and care. Overall objectives include proper care management, quality of life improvement, reduced unnecessary use of the emergency department, and increased education levels.

- **The Better Breathers Club** is a support group offered to community members at no cost. This core program of the American Lung Association provides resources and support to patients, family and caregivers affected by lung disease.
- The **Grief Support Group** provides community members with the tools to adjust to life changes resulting from a loss. This group meets twice a month and is facilitated by one of SAMC's Clinical Social Workers.
- **The Ostomy Support Group** began in response to the unmet community need identified within Saint Agnes Medical Center's service area. Services to ostomy patients include emotional support, educational tools, and information to help with lifestyle adjustments. SAMC staff facilitate the meetings and convene the group once a month for two hours at a time.
- **Baby Friendly - New Mom Support Group** – In FY18, Saint Agnes became the first hospital in Fresno County to achieve designation as a Baby Friendly hospital for its support of breastfeeding. "Breastfeeding is Best" support group and "Mom to Mom" support groups are offered weekly. These support groups provide the opportunities for moms to connect with other mothers and their babies. Each week focuses on a different topic, like sleep for mom and baby, postpartum depression, feeding issues, parenting styles, and more.

In FY18, SAMC invested these support groups totaled \$69,673 and reached 720 community members.

Community Benefit Operations

Saint Agnes Medical Center provides a dedicated Community Benefit department that is responsible for oversight, accounting and coordination of established community benefit efforts. It is responsible for continuous community assessment of emerging issues that affect the health and wellness of the communities we serve. SAMC is committed to accurate accounting, and oversight of its Community Benefit programs.

The department is responsible for oversight and management of the Saint Agnes Health Hub, the chronic disease management program, the strategic implementation plan, and collaboration with community based organizations.

Additional staff who invest time and resources into community benefit include the Chief Executive Officer, Chief Administrative Officer, Vice President of the Foundation and foundation staff, Vice President of Mission Services, Associate Council, Manager of Care Coordination and Social Services, Director of the Holy Cross Center for Women, and Controller and accounting staff.

The Community Benefit and Mission Services Committee made up of SAMC leaders, staff and community members meets quarterly to review and discuss Community Benefit progress and strategy. A Community Benefit sub-committee meets on an ad-hoc basis as an advisory team to the Community Benefit Director.

Other Community Benefit related expenses include overhead and office expenses associated with Community Benefit Operations, tracking software, equipment, training, and costs associated with attending educational programs to enhance community benefit program planning and reporting.

For FY18 the costs related to Community Benefit operations totaled \$194,052

Financial Contributions

Another way Saint Agnes works to improve the health of the communities we serve is through financial contributions to non-profit organizations whose missions align with ours and that are working toward impacting the needs identified in the Community Health Needs Assessment report.

The following organizations received financial support from Saint Agnes to provide services, improve systems and/or facilitate environmental changes to affect the health of the people who live within SAMC's service area.

- **Diabetes / Oral Health** – A \$25,000 grant awarded to the **California State University Foundation** helped support the development and implementation of basic oral health and system navigation training for community health workers. Funding supported the incorporation oral health curriculum into diabetes and chronic disease curriculum already in place and provided to Community Health Workers and Promotoras. The goal of the program is to train approximately 50-60 Community Health Workers from Fresno County to provide chronic disease, diabetes and oral health education in their communities and to provide assistance in finding appropriate oral health resources. Training was offered by **Central Valley Health Policy Institute** with plans to expand at other academic institutions.
- **Obesity** – SAMC provided a \$25,000 grant to Saints Rest Community Development Corporation to support the development of a green space park and playground adjacent to Saint Rest Baptist Church for youth and families to use. The park will be located in a neighborhood identified by the California Environmental Protection Agency as a place where people live with higher health risks than anyone in California. Life expectancy in

southwest Fresno is more than 20 years lower than people living in northeast Fresno. The green space project Phase I to be developed on nearly two acres of land will include a playground, benches, water fountains, bike loop, raised gardens, a walking path and a play area.

SAMC also provided a grant to **Every Neighborhood Partnership (ENP)** in the amount of \$20,200 Youth Resilience and Physical Activity. The grant funding helped with equipment purchases and staff support for a FunFit program to be provided to 1st through 6th grade students at local elementary schools. The FunFit program delivers a variety of activities that gives students and families the opportunity for greater physical, mental, emotional and community wellness. Activities will include morning and lunchtime recess organized programs, intramural activities, yoga, rhythm and dance movement classes. ENP expects to reach more than 200 students and their families per week in selected schools and Saturday Sports Programs.

Addressing Significant Needs

In addition to the above-mentioned Community Benefit programs and financial support, SAMC also addressed the following significant needs identified in the CHNA in the following manner:

➤ **Access to Care**

SAMC's collaboration with community benefit organizations within the Fresno service area continued to be an important element to reducing barriers for health care. In FY18 SAMC continued to:

- Participate on the Fresno Unified School District's Health Partnership Advisory Committee
- Participate on the steering committee for the Fresno County Health Improvement Partnership (FCHIP),
- Act as an advisory member of the Children's Movement Healthcare Workgroup,
- Participate on the Fresno County Housing Authority's design team for health and housing improvements.
- Chair the FCHIP's Health Literacy Workgroup.
- Represent healthcare on the Cradle to Career Initiative

➤ **Diabetes/Obesity**

SAMC continued its involvement and support for a community-centered and integrated focus on health, healthy choices, and wellness and prevention. Through these initiatives, SAMC engaged residents, and collaborated with neighborhood-based organizations, healthcare providers, public health, safety-net clinics, health educators and health plans. In FY18 Saint Agnes:

- Participated as advisory members of the Fresno Diabetes Collaborative which provided tools for diabetes risk assessments and coordinated health symposiums for health professionals and community members,
- Hosted Diabetes Education Empowerment Program Facilitator Training to 19 community-based facilitators.
- Promoted health through the SAMC Sprit Magazine and public service announcements such as “Do One Thing (10,000 step challenge)”, “A Single Step”, and provide Healthy Eating recipes including sneaky tips for portion control to more than 55,000 people.
- Promoted the CDC Diabetes Quiz in the SAMC E-Health Newsletter, which reached 6500 community members.
- Participated on the advisory committee for the Regional Childhood Obesity Prevention Plan
- Fresno County convenes a breastfeeding task force on a monthly basis. SAMC has two lactations consultants/specialists who regularly attend the meetings. The task force has been responsible for planning awareness walks to promote breastfeeding.
- SAMC is a regular sponsor of the walks and in this fiscal year's walk, Cathryn Herrin, Clinical Nurse IV, SAMC was the keynote speaker raising awareness and outlining the process for Baby Friendly Hospitals.

Health Professions Education

SAMC’s Continuing Medical Education (CME) program strives to improve patient care by providing high quality educational activities with the goal of promoting lifelong learning and enhancing health care professionals' knowledge and skills. Physicians who attend Saint Agnes Medical Center's CME activities earn credits to support their state licenses and board certifications.

SAMC is located in a health professions shortage area and therefore 100% of its service area is defined as "medically underserved." As a result, the hospital made it a priority to support health profession education for nursing students and other professions in the following manner:

➤ **Nurses and Nursing Students**

SAMC partners with local colleges, universities, and specialty schools to provide a clinical setting for undergraduate and vocational training to students. These programs are offered as a benefit to the community, and there is no expectation or requirement for participants to work for SAMC. Partnering Educational Institutions include: Fresno City College, National University, Clovis Adult School, California State University Fresno, West Hills Community College, Fresno Adult School, San Joaquin Valley College, and Fresno Pacific University.

All participants work toward requirements associated with obtaining certificates and/or licensure to move their career paths forward in the health care industry. A large portion of SAMC's service area is designated as "Medically Underserved," and the importance of leveraging local resources in order to achieve a healthier community proves to be invaluable. The exposure that participants receive is vital to both the students and SAMC. SAMC is proud to support such a robust program.

In FY18, related costs for the Health Professions Education for Nurses and Nursing Students program totaled \$1.07M and served 778 community members.

➤ **Other Health Professions**

The health care industry offers many opportunities for several health related specialties. SAMC proudly offers an environment that supports learning and exposure for the following professions: Paramedics, Respiratory Therapy, Pharmacy Technicians, Imaging, Physical Therapy, Health Information Management, Dietetics, Social Work, Phlebotomist Technicians, and Cardiac Sonography Technicians. Exposure to relevant experience is required to obtain critical certificates and licenses, and SAMC is honored to partner with the following organizations: West Medical School, Central California Emergency Medical Services Agency, San Joaquin Valley College, California State University Fresno, Fresno City College, and West Coast Ultrasound Institute.

These programs benefit the community members of SAMC's service area in two distinct ways. First, they provide a learning environment for local students to further their careers. Second, they provide exposure and direction for the future workers and leaders of the health industry. By leveraging our local human capital resources, SAMC's Health Professions Education program improves the overall health of our community and exposes students to what our area has to offer.

In FY18, related costs for the Health Professions Education for Other Health Professions totaled \$313,938 and served 211 community members.

➤ **Graduate Medical Education**

In FY18, Saint Agnes Medical Center received approval to begin an Internal Medicine Residency Program. Fresno County has one of the lowest doctor per patient population ratios and Saint Agnes is committed to educating the next generation of physicians. Our local community will benefit from the residency program by recruiting among our program's graduates to stay and practice medicine in the Central Valley.

In FY18, related costs for the Health Professions Education for Other Health Professions totaled \$1.17M.

Facility, equipment and medical (in-kind donations)

Saint Agnes donates surplus hospital and office equipment and other materials to nonprofit organizations. In FY18 \$299,241 of medical supplies were donated.

SAMC also makes its conference rooms and facilities available free of charge to community organizations including Hospital Council of Central and Northern California, the American Cancer Society, the Fresno County Health Improvement Partnership, the California Health Collaborative, Fresno County Emergency Services, the Central Valley Black Nurses Association, the NLC Opioid Crisis Collaborative, and the Post-Acute Care Coordination Collaborative. Organizations that benefited from ongoing use of SAMC facilities included:

- The **Clinical Pastoral Education of Central California (CPE)** is provided free office space and equipment throughout the year. The CPE of Central California is an organization with the vision to provide every hospital and service agency in the Central Valley with qualified and accredited spiritual counselors and chaplains.

The FY18 Clinical Pastoral Education donation is valued at \$4,277

- The **Fresno Women's Network** uses office space donated by SAMC throughout the year at no cost. The Fresno Women's Network is an organization that focuses on supporting local area women in their business, personal and professional growth. Saint Agnes is proud to partner and support the Fresno Women's Network.

The value of SAMC's donation to the Fresno Women's Network is \$3,049

Non-Quantifiable Benefit

Executive Leadership Activities

The leadership team at Saint Agnes Medical Center supports local organizations in many ways. Participation on local Boards, Committees and Coalitions allows key leadership the opportunity to share their personal "gift inventory" that is a result of time and experience. It also provides them insight to local issues where as an organization SAMC can contribute. Knowledge levels are specific to each person individually and the variety of subject matter expertise among SAMC's leadership team is vast and valuable.

In FY18, SAMC's leaders, and staff contributed their time to serve on the following Board, Committee and Coalitions: American Heart Association Board of Trustees, American Red Cross Board of Trustees, California Teaching Fellows Foundation, Catholic Charities Board of Trustees, Central San Joaquin Valley Nursing Leadership Coalition, City of Fresno for ADA Accommodations, Clovis Chamber of Commerce, College of Health and Human Services' Dean's Council of Ambassadors, Cradle to Career, Disaster Medical and Health Regional Committee, Down Syndrome

Society, Fresno Chamber of Commerce, Fresno County Breastfeeding Task Force, Fresno County Health Improvement Partnership (FCHIP), Fresno County Women's Chamber of Commerce, Fresno First Steps Home, Fresno General Plan Implementation and Infill Development Task Force, Fresno Healthy Community Access Partners Board of Trustees, Fresno Housing Authority, Fresno President's Council, Fresno Respite Advisory Committee, Fresno Rotary Club, Fresno Unified District Healthcare Partnership, Hospital Council of Northern and Central California, Leukemia and Lymphoma Board of Trustees, Medical Group Association, Medical Health Emergency, Preparedness Advisory Committee, Mental Health Committee, Nursing Education Board of Trustees, Nursing Leadership Coalition Central Valley, Poverello House, Services and Academic Board of Trustees, Steering Board of Fresno City College, The Children's Movement and more.

Mission Services

Mission Services and the Center for Spiritual Care seek to minister to the body, mind and spirit of patients, family members and staff at SAMC. Staff members, who are Certified Chaplains, understand that a person's spiritual needs are not specific to a hospital setting. Influences within the community and beyond often affect community members in many different ways. SAMC's ministry of healing reaches out to civic, religious, and social entities throughout the service area. Some of the highlights for fiscal year 2018 include the following:

- The Saint John's Bibles have become a valuable tool that work to aid in the goals of SAMC's Mission Services department.
- The "Hugs from the Spirit" program provided hundreds of soft blankets and cuddly teddy bears to patients in need of warmth and comfort. Many of the blankets were given to persons receiving end-of-life care.
- The Clinical Pastoral Education program offers support services for community members who desire to become certified Chaplains. During FY18 nine ministers or seminarians completed units of Clinical Pastoral Education.
- Patient visitation by Chaplains and Clinical Pastoral Education student chaplains totaled more than 27,000.
- Daily and Sunday Masses are televised in-house for patients and families.
- Daily morning and evening prayers are facilitated over the hospital intercom.
- Members who wish to serve as Eucharistic Ministers or Pastoral Visitors can participate in a Spiritual Care Volunteer Training Program offered by chaplaincy staff.
- Chaplains attend interdisciplinary rounds on units, and participate in family conferences.
- The Spiritual Care Coordinator teaches a course on "Understanding Spiritual Needs" to the Nurse Residency Program.
- Daily and Sunday Masses are conducted on an ongoing basis.

Sponsorships and Donations

Understanding that local and national community benefit campaigns create positive impact for many health disparities. SAMC strategically supports initiatives through donations and sponsorships. The following programs were supported in FY18:

American Heart Association, California Health Sciences University, Cayenne Wellness Center, Central San Joaquin Valley Nursing Leadership Coalition, Fresno Madera Medical Society, Fresno Metro Ministry, Fresno State Foundation, Komen Northern and Central California, La Feliz Guild, Leukemia & Lymphoma Society, March of Dimes, Marjaree Mason Center, Right to Life Central California, San Joaquin Valley Town Hall, The American Cancer Society, The Art of Life Cancer Foundation, USCF Foundation, Valley Caregiver Resources.

Service Guild Volunteers

In FY18, more than 700 local men, women, and young community members generously gave of their time in support of our mission to provide quality service to patients, staff, physicians and guests of SAMC. Every day dedicated volunteer group add immeasurable amounts of value to SAMC.

Junior Volunteer and Scholarship Program

Over 200 students from various locations throughout the Central Valley provide thousands of donated hours in various department. Junior volunteers assist staff with non-clinical tasks in women, infant services, and patient care areas. They also donate time to work in the Gift Shop as well as taking the shopping cart to the patient rooms. They greet our visitors at the Guest Services desk and keep patients' loved ones informed while they are in our care. All year long, Junior Volunteers perform additional value added acts of kindness throughout our facility.

In an effort to support local youth who are committed to higher education, SAMC provides scholarships to high school seniors. Working with generous local donors, SAMC gifted 10 high school students from area schools a total of \$17,000 in scholarship funds.

Community Outreach

Community outreach events are an important educational vehicle and SAMC partners with local coalitions, and committees. These partnerships provide strategic opportunities to educate community members about various health topics like chronic disease management, nutrition, and preventive care. SAMC will typically provide information/education as well as health screenings such as blood pressure and sugar checks. In FY18, SAMC collaborated with the following organizations:

- Central California Women's Conference - Educational booth
- Breastfeeding Awareness Walk & Celebration
- Central Valley Community Foundation - State of Our Children Breakfast
- City of Clovis - Educational booths, blood pressure screenings
- City of Fresno - Educational booths, blood pressure screenings
- March of Dimes - March for Babies Walk
- Mexican Consulate – blood pressure screenings
- Real Authentic Women Wellness Talk

Spirit of Women - Educational booths: colonoscopy, cardiac, senior care, maternity care, self-care, & gynecology
Susan G. Komen - Race for the Cure

Community Event Support

Saint Agnes Medical Center staff members are committed to many local and national causes to raise awareness on different health issues. In FY18, staff supported the following events:

American Cancer Society - Making Strides Against Breast Cancer
American Cancer Society - Relay for Life
American Heart Association - Go Red for Women
American Heart Association - Heart Ball
American Heart Association - Heart Walk
Art of Life Cancer Foundation - Paula Project
Central California Asian Pacific Women - 38th Annual Scholarship Award Gala
Breastfeeding Awareness Walk & Celebration
Catholic Charities Diocese of Fresno - Harvest of Hope
Central California Women's Conference
Central Valley Community Foundation - State of Our Children Breakfast
Fresno County Women's Chamber - Mother of the Year
Fresno Metro Ministry - Anniversary Dinner
Fresno Rescue Mission - Fall Celebration Banquet
Fresno State Alumni Association - Top Dog Alumni Awards Gala
March of Dimes - March for Babies Walk
Marjaree Mason Center - Marjaree's Birthday Soiree
Marjaree Mason Center - Top Ten Professional Women
Poverello House - Gift of Hope
Real Authentic Women Wellness Talk
Right to Life Central California - Golf Tournament & Christmas Gala
Susan G. Komen - Race for the Cure
The Leukemia & Lymphoma Society
Valley Caregiver Resource Center - Celebration of Care
Valley Children's Hospital - Derby Down

Community Education

Internal and external educational programs are important for the overall health of SAMC's service area communities. Understanding that specialists exist for different subject matter, SAMC facilitates programs that are specific to its areas of expertise and outsources when appropriate.

Topics included:

Amputee Support Group

Cardiac Health Improvement Program (Heart & Soul)
Educational program for physicians/nurses
Family Grief Support
Family Maternity Education
Heart disease management for individuals who have experienced chronic heart conditions
Life After Loss Support Group
Lung disease support
Ostomy Support Group
Spirit of Women Educational Series on Women's Health, Including: maternity, gynecology, & self-care.
Spirit of Women Educational Series on Cardiac Health
Spirit of Women Educational Series on Colon Health
Women's Health Event about Wellness, Stress & Postpartum

Advocacy

Saint Agnes Medical Center leaders advocate locally, statewide, and nationally on issues pertaining to community health. SAMC addresses issues that pose a threat to the health and well-being of the population served with elected official in partnership with the Hospital Council of Northern and Central California and Trinity Health.

Adopt-an-Angel Program

Adopt-an-Angel provides new clothes and toys for local children in need during the Christmas season. Children at the Holy Cross Center for Women are recipients of the generosity of SAMC staff who donated time, money and supplies to make this effort a success.

Community Health Awareness

Saint Agnes Medical Center's service area communities often request assistance with local health fair facilitation. Some of the events included:

American Heart Association Heart Walk – Team captains, educational booth, blood screenings
American Heart Association Go Red for Women – Educational booth, blood screenings
American Cancer Society Making Strides – Educational booth
Central California's Women's Conference – Educational booth
County of Fresno – Breastfeeding Awareness Walk – Educational booth
City of Fresno – Educational booth, blood pressure screenings
City of Clovis – Educational booth, blood pressure screenings
Fresno County Office of Education – Educational booth
Fresno Women's Network – Educational booth, presenting speaker
Komen Central Valley Race for the Cure – Educational booth
Spirit of Women – Educational booth, including cholesterol and blood pressure screenings

Medical Education

The Saint Agnes Medical Education Department continued its robust education program in FY18. Medical Education is directed toward improving patient care, enhancing skills and knowledge of our medical staff, and introducing novel therapeutic treatments and research to community healthcare providers. SAMC hosted symposiums, conferences, live video presentations, case discussions, and skills trainings throughout the year. Senior Leadership is committed to supporting medical education which is demonstrated by the scope and quality of programs offered at no cost to medical and professional staff.

Saint Agnes Medical Center Men's Club

Saint Agnes Men's Club is a dynamic group of philanthropic men, whose fundraising activities have benefited the Medical Center and its special programs since 1983. Annual fundraising and outreach events include Casino Night, Men's Club Classic, Steins & Vines and holiday gift package distribution to needy families and more.

Since its inception, Saint Agnes Men's Club members have generated more than \$3 million to support Saint Agnes patient care services and community outreach programs. For FY18, event fundraising efforts produced the following:

- Golf Tournament – more than \$37,000
- Casino Night – more than \$132,000
- Opportunity Car Drawing – more than \$28,000
- Steins & Vines – more than \$13,000

Saint Agnes Men's Club fundraising efforts in FY18 supported a total of 21 Saint Agnes Medical Center programs and services.

Women's Club

Saint Agnes Women's Club is a diverse group of philanthropic women whose primary focus is to raise awareness and dollars for Saint Agnes Holy Cross Center for Women. Since 1984, the Women's Club has raised more than \$1 million in support of the Women's Center. Annually, the Women's Club fundraising and outreach efforts include a Fashion Show, a Tea and other events.

For FY18, event fundraising efforts produced the following:

- Fashion Show – more than \$54,000
- Happy Hour for HCCW – nearly \$6,500
- Tea – more than \$22,000

Medical Library

The William O. Owen Medical Library (located in the North Wing of SAMC's main facility) provides information on patient care, medical research, and health education to Saint Agnes physicians, nurses, and staff. This resource is also available for use by SAMC's patients, family members, students and others. Visitors are welcome to visit or call the library for medical information during normal hours of operation (Monday-Friday, 8:30 a.m.-4 p.m.) and library staff is available to help when needed.

Footsteps

Footsteps, an expansion program of Saint Agnes Hospice, continued its 20-year tradition of supporting children and teens that have experienced a loss or change due to death. Its award-winning expressive arts curriculum offers a healing bridge of communication among children, parents, grandparents and foster parents. Grief is an unpredictable passageway and is different for each individual. Patience and understanding go a long way, and over the years, many local residents have experienced healing through this program.

Communicating Health

At Saint Agnes Medical Center, communicating with constituents and community members is done with care and dedication. SAMC's current efforts include:

- Health and Wellness Newsletters
- ParentCare Online Newsletter
- Health-based Public Service Announcements on KYNO radio
- Informational newspaper wraps
- Women's Health Educational Series
- Healthy Spirit Magazine
- Comprehensive Website
- Online Health Information Library
- Healthy recipes

APPENDIX

Appendix A:



Saint Agnes Medical Center

Community Health Needs Assessment Implementation Strategy

Fiscal years 17-19

(Based on FY 16 CHNA)

Saint Agnes Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in May, 2016. Saint Agnes performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.samc.com>, or printed copies are available at Saint Agnes Medical Center.

Hospital Information and Mission Statement

Saint Agnes Medical Center (SAMC) is a Catholic healthcare ministry, not-for-profit hospital with 436 acute care beds, located in the city of Fresno, California. SAMC is privileged to serve the community members of Fresno, Madera, Kings, and Tulare counties since 1929. May of 2013 brought the synergistic merger of Catholic Health Care East and Trinity Health. As a result, SAMC became a proud member of one of the Nation's largest Catholic Health systems. Trinity Health employs more than 95,000 people in 21 states and returns about \$1 billion to its communities annually in the form of charity care and other community benefit programs. Over time, SAMC has expanded in order to keep pace with the demand of our service area community members. The most recent addition to our facilities was a 230,000 s/f North Wing expansion in 2005, which nearly doubled the Medical Center's size. SAMC has a staff of more than 2,500 and 850 volunteers who work diligently to serve the needs of our 1,100,113 service area patrons.

Mission

We, Saint Agnes Medical Center and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Health Needs of the Community

The CHNA conducted in FY 16 identified eleven priority health needs within the Saint Agnes Medical Center community. Those needs were then prioritized based on the severity of the impact on the community, the impact on the quality of life and disproportionate impact on vulnerable populations. The eleven significant health needs identified include:

Access to Care	<ul style="list-style-type: none"> • The timely use of personal health services to achieve the best health outcomes.
Diabetes	<ul style="list-style-type: none"> • Occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose-the body's primary source of energy.
Obesity	<ul style="list-style-type: none"> • Weight that is higher than what is considered as a healthy weight for a given height.
Oral Health (Dental Care)	<ul style="list-style-type: none"> • Refers to the absence of tooth decay, gum disease, jaw joint diseases (TMD) and oral cancers. It is also used to describe the access to dental care to prevent any of these diseases.
Mental Health	<ul style="list-style-type: none"> • A health condition that is characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning.
Breathing Problems (Asthma)	<ul style="list-style-type: none"> • Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing which often occurs at night or early in the morning.
Maternal and Infant Health (Infant Mortality & Premature Births)	<ul style="list-style-type: none"> • Refers to indicators that capture the health of women during and after pregnancy as well as birth outcomes.
Maternal and Infant Health (Teen or Unwanted Pregnancy)	<ul style="list-style-type: none"> • Refers to indicators that capture the health of women during and after pregnancy as well as birth outcomes.
Substance Abuse	<ul style="list-style-type: none"> • A dependency on mind and behavior altering substances.
CVD/Stroke (Hypertension)	<ul style="list-style-type: none"> • Heart disease continues to be the leading cause for both men and women in the US. Coronary artery disease affects the blood flow to the heart and is associated with risk factors such as high blood pressure, high LDL cholesterol and smoking.
Violence/Injury Prevention	<ul style="list-style-type: none"> • Refers to indicators that assess the rate of homicide, auto related accidents or injuries to pedestrians in a community.

Hospital Implementation Strategy

Saint Agnes Medical Center resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

Saint Agnes Medical Center will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Care** – Detailed need specific Implementation Strategy on 4/5/6
- **Diabetes** – Detailed need specific Implementation Strategy on 7/8
- **Obesity** – Detailed need specific Implementation Strategy on 9/10
- **Oral Health (Dental Care)** – Detailed need specific Implementation Strategy on 11

Significant health needs that will not be addressed

Saint Agnes Medical Center acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs, which it deemed most pressing, under-addressed, and within its ability to influence. Saint Agnes will not take action on the following health need:

- **Breathing Problems (Asthma)** – Local organizations are focused on this topic and interventions associated with it. SAMC will remain engaged in community coalitions and collaborations around this topic and offer insight/support when appropriate, but will not specifically address asthma.
- **Mental Health** – Local organizations are focused on this topic and interventions associated with it. SAMC will remain engaged in community coalitions and collaborations around this topic and offer insight/support when appropriate, but will not specifically address mental health.
- **Maternal and Infant Health (Infant Mortality & Premature Births)** – Local organizations are focused on this topic and interventions associated with it. SAMC will remain engaged in community coalitions and collaborations around this topic and offer insight/support when appropriate, but will not specifically address maternal and infant health.
- **Maternal and Infant Health (Teen or Unwanted Pregnancy)** – Due to competing priorities which SAMC has the expertise to influence, teen and unwanted pregnancies will not be specifically addressed.
- **Substance Abuse** – Due to competing priorities, which SMAC has the expertise to influence, substance abuse will not be specifically addressed.
- **CVD/Stroke (Hypertension)** – With resources for patients in this subject area, SAMC is committed to offering insight where appropriate with local partner organizations.

- **Violence/Injury Prevention** – Due to competing priorities, which SAMC has the expertise to influence, violence, and injury prevention will not be specifically addressed.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June, 2019 other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19			
HOSPITAL FACILITY:	Saint Agnes Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Access to Care		
CHNA REFERENCE PAGE:	37	PRIORITIZATION #:	1
BRIEF DESCRIPTION OF NEED: Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes." There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of our patient populations continues to grow the importance of a healthcare workforce that is culturally effective is essential to achieve access and health equity. The barriers to obtain health care services include: a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills.			
GOAL: Expand timely and appropriate access to medical care and other services for the uninsured and underinsured by eliminating barriers and communicating availability.			
OBJECTIVE: Increase the proportion of underserved persons who have health insurance and ongoing source of care. Utilizing care coordination and clinical access points, individuals will be screened, identified, and enrolled or referred for health insurance coverage and other supportive services to improve health and reduce disparities.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: <ol style="list-style-type: none"> Continued support of fully subsidized health and dental services at the Holy Cross Clinic. Continued offering of our no-cost Sickle Cell program. Continue working with local community organizations to communicate the availability of resources throughout our community. Remain engaged in the Fresno Unified School District "Hospital Partnership." Continue supporting the vision mobile unit program to provide vision exams and glasses to children in need. Expand our working collaborations with additional community benefit organizations within our service area by partnering on grant opportunities and supporting common ground initiatives. Remain diligent and focused with our investment to change the problems associated with Access to Care by gaining a better understanding of the barriers experienced by end users and actively working to reduce those barriers. Continue employing financial counselors to assist patients and community members through relevant healthcare enrollment processes. Continued partnership with third party Medi-Cal enrollment program through our "First Source Health Advocate" program. Expand partnerships with local area Federally Qualified Health Center's to increase access to care and healthcare enrollment services. Continued facilitation of our Health Professions Educational support program in partnership with local higher education organizations. Continued facilitation of our Chronic Disease Self-Management program, "A Healthier You." 			

13. Remain engaged with the Fresno County Health Improvement Partnership (FCHIP).
14. Continued participation in community coalitions and workgroups focused on health issues (The Children's Movement, Fresno Diabetes Collaborative and Health Literacy workgroup).

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Reductions in the number of uninsured community members in SAMC's community health care system. A larger percentage of the population will have a primary care provider, which will improve the overall health of the community.
2. Community partner organizations will understand SAMC's commitment to working in a collaborative manner and providing resources when available.
3. Community members will understand that SAMC is a resource for them.
4. Community members will continue to receive charity care when needed based on SAMC's financial assistance policy.
5. Uninsured, underinsured, and undocumented community members will receive health and dental care.
6. The gap in Sickle Cell care will be met for community members in need (this is the only program of its kind between San Francisco and Los Angeles).

PLAN TO EVALUATE THE IMPACT: We will monitor our patient base demographics and Payer mix to identify trends and track our results. We will track annually the number of people assisted in Medi-Cal enrollment through outreach efforts by our hospital and partner organizations. The number of encounters within our Holy Cross Clinic and Sickle Cell program will be monitored.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Financial, human capital, in-kind, indirect expenses, and physical space.

COLLABORATIVE PARTNERS: Poverello House, Tzu Chi Clinic, Fresno Metro Ministry, Every Neighborhood Partnership, Cal Viva Health, Health Net, Hands ON, Clinica Sierra Vista, Valley Health Team, Fresno County Department of Public Health, Fresno County Department of Behavioral Health, Cultiva La Salud, Med-Assist, Centro La Familia, Fresno Unified School District, Firebaugh Unified School District, Fowler Unified School District, Central Unified School District, The Children's Movement, Valley Children's Healthcare, Community Medical Centers, Kaiser Permanente, Fresno HCAP, Mexican Consulate, United Health Centers of San Joaquin, The Hospital Council of Northern and Central California, California Health Sciences University, California Health Collaborative, and California State University Fresno,

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 16-19**

HOSPITAL FACILITY:	Saint Agnes Medical Center
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CHNA SIGNIFICANT HEALTH NEED:	Diabetes
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CHNA REFERENCE PAGE:	41	PRIORITIZATION #:	2
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BRIEF DESCRIPTION OF NEED: The occurrence rates of diabetes, obesity, and overweight populations in all four counties located in our primary service area are high. Medicare beneficiaries with diabetes in SAMC's service area are 4.8% higher on average as compared to the state of California. Obesity rates are 4.25% higher

as compared to the state of California. It is estimated that there are roughly 30 comorbid conditions associated with severe obesity and it is associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.

GOAL: Increase the proportion of diabetic and pre-diabetic patients and community members who are engaged in evidence-based chronic disease self-management program offerings.

OBJECTIVE: Engage 600 patients and community members in evidence-based self-management workshops and grow local area capacity for program expansion through partnerships with local community benefit organizations.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. We will remain engaged in community coalitions and forums such as the Fresno County Health Improvement Partnership, Fresno Diabetes Collaborative, and health literacy workgroup.
2. Collaborate with community partner organizations for existing obesity prevention programs and share/implement best practices.
3. We will offer no less than 12 Chronic Disease Self-Management program (DCSMP) workshops annually in both English and Spanish languages to community members at no cost.
4. We will actively research additional programs for potential implementation (National Diabetes Prevention Program (NDPP)).
5. Cross-train community partner organizations as "Lay Leader" facilitators of the DCSMP program.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Decisions related to diabetes and obesity programs will be strategically relevant based on feedback received from coalition involvement.
2. Existing programs will expand and be more effective.
3. There will be an increase in the number of community members who are educated about chronic conditions that include diabetes and obesity.
4. Increase in the quality of life for pre-diabetic and diabetic community members.
5. Additional resources will be applied to new program implementation.
6. Population health will increase with education and proper navigation and use of our health care system.

PLAN TO EVALUATE THE IMPACT: We will account for the number of DCSMP class offerings on an ongoing basis. We will measure class participant attrition rates and the number of community members who participate. Follow up for self-reported impact information will occur on an ongoing basis.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Financial, human capital, in-kind, indirect expenses, and physical space.

COLLABORATIVE PARTNERS: Fresno County Department of Public Health, Clinica Sierra Vista, Health Net, Centro La Familia, California Health Sciences University, California Health Collaborative, Cultiva La Salud, Every Neighborhood Partnership, and Valley Children's Hospital

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19			
HOSPITAL FACILITY:	Saint Agnes Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Obesity		
CHNA REFERENCE PAGE:	46, 47	PRIORITIZATION #:	3
BRIEF DESCRIPTION OF NEED: The occurrence rates of diabetes, obesity, and overweight populations in all four counties located in our primary service area are high. Medicare beneficiaries with diabetes in SAMC's service area are 4.8% higher on average as compared to the state of California. Obesity rates are 4.25% higher as compared to the state of California. It is estimated that there are roughly 30 comorbid conditions associated with severe obesity and it is associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.			
GOAL: Increase service area awareness and education levels associated with healthy food and lifestyle options.			
OBJECTIVE: Support the national "Fruits and Vegetables" (FNV) campaign in alignment with Trinity Health's "Transforming Communities Initiative" and engage no less than 650 community members through health education offerings.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: <ol style="list-style-type: none"> 1. Provide market insight to the Partnership for a Healthier America to increase market effectiveness of the national "FNV" campaign. 2. Partner with the Partnership for a Healthier America on two market area events. 3. Offer the Holy Cross Center for Women's "junior volunteer program" every summer vacation to keep children and families engaged in health education activities. 4. We will offer no less than 12 chronic disease self-management program (CDSMP) workshops annually in both English and Spanish languages to community members at no cost. 			
ANTICIPATED IMPACT OF THESE ACTIONS: <ol style="list-style-type: none"> 1. "FNV" campaign efforts will educate over 50,000 service area population members. 2. A minimum of 650 community members will better understand healthy lifestyle options and ultimately make healthier decisions. 			
PLAN TO EVALUATE THE IMPACT: SAMC will account for the number of community members who participate in health related class offerings. These include, but are not limited to, the Holy Cross Center for Women "junior volunteer program" and the chronic disease self-management program "A Healthier You."			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Financial, human capital, in-kind, indirect expenses, and physical space.			
COLLABORATIVE PARTNERS: The Holy Cross Center for Women, Poverello House, Clinica Sierra Vista, Central California Asthma Collaborative, Fresno County Department of Public Health, Health Net, Centro La Familia, California Health Sciences University, California Health Collaborative, Cultiva La Salud, Every Neighborhood Partnership, and Valley Children's Hospital			

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19			
HOSPITAL FACILITY:	Saint Agnes Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Oral Health (Dental Care)		
CHNA REFERENCE PAGE:	47	PRIORITIZATION #:	4
BRIEF DESCRIPTION OF NEED: SAMC's service area ranks below the state of California averages in several areas related to oral health. The percent of adults with poor dental health is 13.1% as compared to 11.3% for the state of CA; The percent of adults with no dental exam is 35.27% as compared to 30.5% for the state of CA; and the percent of children aged 2-11 who saw a dentist 6-12 months ago is 16.6% as compared to 3.9% for the state of CA.			
GOAL: Increase access to oral health care services for the underinsured, uninsured and at-risk community members within SAMC's service area.			
OBJECTIVE: Provide preventative dental and oral health services at no cost to a minimum of 350 community members annually.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: <ol style="list-style-type: none"> 1. Promote Holy Cross Clinic services through partner organizations with access to the target population. 2. Fully staff the Holy Cross Clinic with dental care providers during hours of operation. 3. Educate community members about oral health while in the Holy Cross Clinic. 4. Offer preventative oral health services to all in need regardless of ability to pay. 			
ANTICIPATED IMPACT OF THESE ACTIONS: <ol style="list-style-type: none"> 1. Uninsured, underinsured and at-risk community members will receive preventative oral health services. 			
PLAN TO EVALUATE THE IMPACT: SAMC will account for the number of dental encounters at the Holy Cross Clinic.			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Financial, human capital, in-kind, and indirect expenses.			
COLLABORATIVE PARTNERS: The Holy Cross Clinic and Poverello House			

Appendix B

Saint Agnes Medical Center Board of Trustees

A. Thomas Ferdinandi, Jr., Executive Vice President and Chief Operations Officer, Milano Restaurants International Corp.

Nancy Hollingsworth, RN, President and CEO, Saint Agnes Medical Center

Terry O'Rourke, Trinity Health

William Hadcock, MD, Vascular surgeon, private practice

Sister Sherry Dolan, Art of Healing Ministry

Deborah Ikeda, Willow International Community College Center

Neil Koenig, Management consultant and meeting facilitator

Sister Kathleen Moroney, CSC, Immigration Legal Services, Holy Cross Ministries

Dianne Nury, President & CEO, Vie-Del Company

Allen Evans, MD, Cardiologist, private practice

Rick Wolf, Secretary/General Counsel, Saint Agnes Medical Center

Mike Tolladay, President, Tolladay Construction

Carolyn Drake, PhD., Dean of Instruction, Health Sciences Division Office, Fresno City College

O. James Woodward III, Attorney, Baker Manock and Jensen

Julie Maldonado, Marketing, Baker Peterson Franklin

Scott Nordlund, EVP Growth, Strategy & Innovation, Trinity Health

Appendix C

Saint Agnes Medical Center Foundation Board

Ronald Wathen, Engineering
Kathleen Orlando-Maxwell, Medical
Jeremy Oswald, Medical
Anne Franson, Agriculture
Mark Astone, Marketing
Sr. Mary Clennon, C.S.C., Holy Cross Center for Women
Anthony Cubre, Agriculture
Mark Delton, Finance
Paula De Young, Real Estate
Brian King, Finance
Janelle Dunn, Accounting
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Michael Habibe M.D., Medical
Rita Gladding, Community Volunteer
Sue Miller, Community Volunteer
Marvin Smith, Real Estate
Michael Thomason, Real Estate
Rodney Webster, Banking
Terri West, Agriculture
Bev Shuemaker, Real Estate

Appendix D

Saint Agnes Medical Center Mission and Community Benefit Committee

Luis Santana, Chair
Nancy Hollingsworth, CEO
Sr. Kathleen Moroney, CSC
Tom Ferdinandi
Sr. Mary Clennon, CSC
Sr. Sherry Dolan, RSM
Dora Westerlund
Sara Mirhadi
Cynthia Gutierrez, Home Health/Hospice
Stacy Vaillancourt, CAO
Steve Kalomiris, Controller
Michael Ryan, V.P., Mission Integration
Mike Wooley, VP Ambulatory Services
Ivonne Der Torosian, Director of Community Benefit

Appendix E

EFFECTIVE DATE: July 1, 2016

Financial Assistance to Patients West Region

PURPOSE:

Trinity Health is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of Commitment To Those Who Are Poor, we provide care for persons who are in need and give special consideration to those who are most Vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred. Trinity Health is committed to:

- Providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

This Policy balances financial assistance with broader fiscal responsibilities and provides Regional Health Ministries (RHMs) with the Trinity Health requirements for financial assistance for physician, acute care and post-acute care health care services.

PROCEDURE:

This Financial Assistance to Patients (FAP) Procedure is designed to address the patients' need for financial assistance and support as they seek services through Trinity Health and its ministries. It applies to all eligible services as provided under applicable state or federal law. RHMs operating in states that have established additional state-specific financial assistance requirements will incorporate such additional requirements in their local Procedures. Eligibility for financial assistance and support from the RHM will be determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or Family's health care needs, financial resources and obligations.

I. Qualifying Criteria for Financial Assistance

a. Services eligible for Financial Support:

- i. All services needed for the prevention, evaluation, diagnosis or treatment of a medical condition and not mainly for the convenience of the patient or medical care provider.

- ii. Emergency medical care services will be provided to all patients who present to the RHM's emergency department, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition has been stabilized prior to any determination of payment arrangements.
- b. Services not eligible for Financial Support:
 - i. Cosmetic services, other elective Procedures and services that are not medically necessary.
 - ii. Services not provided and billed by the RHM (e.g. independent physician services including emergency physicians, private duty nursing, ambulance transport, infertility treatments, retail medical supplies, surrogacy services, pathology, laboratory, etc.).
 - iii. As provided in Section II. RHMs will proactively help patients apply for public and private programs. RHMs may deny Financial Support to those individuals who do not cooperate in applying for programs that may pay for their health care services.
 - iv. RHMs may exclude services that are covered by an insurance program at another provider location but are not covered at Trinity Health RHMs after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.
 - v. Medicaid and Medi-Cal Share of Costs are considered an important part of Government Programs. Financial Support cannot be applied to Share of Cost because these patients meet the higher end of the income threshold.
- c. Residency Requirements
 - i. RHMs will provide Financial Support to patients who reside within their Service Areas and qualify under the RHM's FAP.
 - ii. RHMs will provide Financial Support to patients from outside their Service Areas who qualify under the RHM FAP and who present with an Urgent, Emergent or life-threatening condition.
 - iii. RHMs will provide Financial Support to patients identified as needing service by physician foreign mission programs conducted by active medical staff for which prior approval has been obtained from the RHMs President or designee.
- d. Applying for Financial Assistance
 - i. RHMs will make FAP applications available in the patient registration lobby areas as well as emergency departments within the RHMs.

- ii. Applications can also be downloaded from the RHM's website or mailed by contacting the RHM's Customer Service department listed on the website .
 - iii. Financial Counselors located at each RHM, as well as Customer Service Representatives via telephone, are available to assist with the completion of the application
 - iv. Completed applications, along with supporting documentation to determine household size and Family Income, are to be returned to the RHM and/or mailed to the address on the application.
 - v. Once completed application is received, processing and determination of Financial Support could take up to 30 days.
- e. Documentation for Establishing Income
- i. Information provided to the RHM by the patient and/or Family should include earned income, including monthly gross wages, salary and self-employment income; unearned income including alimony, retirement benefits, dividends, interest and income from any other source (e.g., food stamps) for all dependents in the household; number of dependents in household; list of assets (e.g., vehicles, real estate, savings accounts) and other information requested on the FAP application.
 - ii. Supporting documents such as payroll stubs, tax returns, P&L statements, bank statements, mortgage statements, and credit history may be requested to support information reported and shall be maintained with the completed application and assessment. Tax returns may be required to provide supporting documentation for the number of dependents in the household. RHMs may not deny Financial Support based on the omission of information or documentation that is not specifically required by the FAP or FAP application form.
 - iii. RHMs will provide patients that submit an incomplete FAP application a written notice that describes the additional information and/or documentation that must be submitted within 30 days from the date of the written notice to complete the FAP application. The notice will provide contact information for questions regarding the missing information. RHMs may initiate Extraordinary Collection Activities (ECAs) if the patient does not submit the missing information and/or documentation within the 30-day resubmission period and it is at least 150 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs must process the FAP application if the patient provides the missing information/or documentation during the 240-day Application Period (or, if later, within the 30-day resubmission period).

f. Consideration of Patient Assets

- i. RHMs will also establish a threshold level of assets above which the patient's/Family's assets will be used for payment of medical expenses and liabilities to be considered in assessing the patient's financial resources.

Protection of certain types of assets and protection of certain levels of assets may be provided in the RHM's FAP.

Protected Assets:

- Equity in primary residence
- Business use vehicles
- Tools or equipment used for business; reasonable equipment required to remain in business.
- Personal use property (2 cars per household, clothing, household items, furniture),
- IRAs, 401K, cash value retirement plans,
- Financial awards received from non-medical catastrophic emergencies,
- Irrevocable trusts for burial purposes, prepaid funeral plans, and/or
- Federal/State administered college savings plans

All other assets will be considered available for payment of medical expenses. Available assets above a certain threshold can either be used to pay for medical expenses or alternatively, count the excess available assets as current year income in establishing the level of discount to be offered to the patient. A minimum amount of available assets should be protected. The minimum amount determined by the RHM:

- Saint Alphonsus Health System (SAHS) Facilities: \$5,000;
- Saint Agnes Medical Center (California) Facility: \$10,000, plus 50% of monetary assets after the first \$10,000.

g. Presumptive Support

- i. RHMs recognize that not all patients are able to provide complete financial information. Therefore, approval for Financial Support may be determined based on limited available information. When such approval is granted it is classified as "Presumptive Support".
- ii. The predictive model is one of the reasonable efforts that will be utilized by RHMs to identify patients who may qualify for financial assistance prior to initiating collection actions, i.e. write-off of a patient account to bad debt and referral to collection agency. This predictive model enables Trinity Health RHMs to systematically identify financially needy patients.

iii. Examples of presumptive cases include:

- deceased patients with no known estate
- Homeless patients
- non-covered medically necessary services provided to patients qualifying for public assistance programs (e.g., non-emergent services for patients with emergent only coverage)
- patients currently receiving public assistance (e.g., food stamps)
- patient bankruptcies, and
- members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.

For patients who are non-responsive to the FAP application process, other sources of information, if available, should be used to make an individual assessment of financial need. This information will enable the RHM to make an informed decision on the financial need of non-responsive patients.

- iv. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need prior to referral to collection or write-off to bad debt. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable the RHM to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- v. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional financial assistance application process.
- vi. Patient accounts granted presumptive support status will be adjusted using *Presumptive Financial Support* transaction codes at such time the account for that date of service(s) is deemed uncollectable and prior to referral to collection or write-off to bad debt. The discount granted will be classified as Financial Support; the patient's account will not be sent to collection and will not be included in the RHM's bad debt expense.
- vii. RHMs will notify patients determined to be eligible for less than the most generous assistance available under the FAP that he or she may apply for more generous assistance available under the FAP within 30 days of the notice. The determination of a patient being eligible for less than the most generous assistance is based on presumptive support status or a prior FAP eligibility determination. Additionally,

RHMs may initiate or resume ECAs if the patient does not apply for more generous assistance within 30 days of notification if it is at least 150 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs will process any new FAP application that the patient submits by the end of the 240-day Application Period or, if later, by the end of the 30-day period given to apply for more generous assistance.

h. Timeline for Establishing Financial Eligibility

- i. Every effort should be made to determine a patient's eligibility for Financial Support prior to or at the time of admission or service. The Application Period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement to the patient or either:
 - the end of the period of time that a patient is eligible for less than the most generous assistance available, based upon presumptive support status or a prior FAP eligibility determination, and who has applied for more generous financial assistance; or
 - the deadline provided in a written notice after which ECAs may be initiated.

The award of financial assistance based on submission of a completed application will be in effect for the accounts identified on the FAP application that are within the Application Period and 6 months forward from the date of the signed FAP application. The award of financial assistance based on presumptive support status is limited to the accounts identified on the FAP application that are within the Application Period and only for the date(s) of service for the account(s) reviewed if no application is received. The hospital may require pre-approval for planned surgeries and/or re-verify qualifications at any time. FAP applications must be accepted any time during the Application Period. RHMs may accept and process an individual's FAP application submitted outside of the Application Period on a case-by-case basis as authorized by the RHM's established approval levels.

- ii. RHMs (or other authorized party) will refund any amount the patient has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-Eligible Patient, unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin). The refund of payments is only required for the episodes of care to which the FAP application applies.
- iii. Determination for Financial Support will be made after all efforts to qualify the patient for governmental financial assistance or other programs have been exhausted. Compliance with the process to attempt to gain assistance with a government program is required to be considered eligible for financial assistance

eligibility. A patient cannot be denied eligibility if they are making a reasonable effort to obtain private or public health insurance.

- iv. RHM's will make every effort to make a Financial Support determination in a timely fashion. If other avenues of Financial Support are being pursued, the RHM will communicate with the patient regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.
- v. Once qualification for Financial Support has been determined, subsequent reviews for continued eligibility for subsequent services should be made after a reasonable time period as determined by the RHM.

i. Level of Financial Support

- i. Each RHM will follow the income Guidelines established below in evaluating a patient's eligibility for Financial Support. A percentage of the Federal Poverty Guidelines (FPL), which are updated on an annual basis, is used for determining a patient's eligibility for Financial Support. (See Exhibit A.) However, other factors should also be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.
- ii. Family Income at or below 200% of Federal Poverty Level Guidelines:
 - A 100% discount for all total charges will be provided for Uninsured Patients whose Family Income is at or below 200% of the most recent Federal Poverty Level Guidelines.
 - Patients with balances after insurance with Family Income up to and including 200% of the Federal Poverty Level Guidelines will be eligible for Financial Support for co-pay, deductible, and co-insurance amounts provided that there is no conflict with contractual arrangements with the patient's insurer.
- iii. Family Income between 201% and 400% of Federal Poverty Level Guidelines:
 - A discount off of total charges equal to the RHM's average acute care contractual adjustment for Medicare will be provided for patients whose Family Income is between 201% and 400% of Federal Poverty Level Guidelines. (See Exhibit A.)
 - For California patients, emergency physicians provide discounts to Uninsured Patients or patients with high medical costs whose income does not exceed 350% of the FPL.

- The RHM’s average contractual adjustment amounts for Medicare will be calculated utilizing the look back methodology of calculating the sum of paid claims divided by the total or “gross” charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date. (See Exhibit B.)
- iv. Medically Indigent Support / Catastrophic: Financial Support is also provided for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their Family or household Income (for example, due to catastrophic costs or conditions), regardless of whether they have income or assets that otherwise exceed the financial eligibility requirements for free or Discounted Care under the RHM’s FAP. Catastrophic costs or conditions occur when there is a loss of employment, death of primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence / catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient’s income, expenses and assets. If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of income will qualify the insured patient's co-pays, deductibles, and co-insurance payments to qualify as catastrophic charity care. Discounts for medically indigent care for the uninsured will not be less than the RHM’s average contractual adjustment amount for Medicare for the services provided or an amount to bring the patient's catastrophic medical expense to income ratio back to 20%. (See Exhibit C.)
- v. While Financial Support should be made in accordance with the RHM's established written criteria, it is recognized that occasionally there will be a need for granting additional Financial Support to patients based upon individual considerations. Such individual considerations will be approved by the RHM CFO and reported to System Office Chief Financial Officer.
- j. Accounting and Reporting for Financial Support
 - i. In accordance with the Generally Accepted Accounting Principles, Financial Support provided by Trinity Health is recorded systematically and accurately in the financial statements as a deduction from revenue in the category “Charity Care”. For the purposes of Community Benefit reporting, charity care is reported at estimated cost associated with the provision of “Charity Care” services in accordance with the Catholic Health Association.
 - ii. The following Guidelines are provided for the financial statement recording of Financial Support:

- Financial Support provided to patients under the provisions of “Financial Assistance Program”, including the adjustment for amounts generally accepted as payment for patients with insurance, will be recorded under “Charity Care Allowance.”
- Write-off of charges for patients who have not qualified for Financial Support under this Procedure and who do not pay for the services received will be recorded as “Bad Debt.”
- Accounts initially written-off to bad debt and subsequently returned from collection agencies where the patient was determined to have met the Financial Support criteria based on information obtained by the collection agency will be reclassified from “Bad Debt” to “Charity Care Allowance”.

II. Assisting Patients Who May Qualify for Coverage

- a. RHMs will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. Premium assistance may also be granted on a discretionary basis according to Trinity Health’s “Payment of QHP Premiums and Patient Payables” procedure. California patients will be referred to local consumer assistance centers housed at legal offices.
- b. RHMs will have understandable, written Procedures to help patients determine if they qualify for public assistance programs or the RHM's FAP.

III. Effective Communications

- a. RHMs will provide Financial Counseling to patients about their health care bills related to the services they received at the RHM and will make the availability of such counseling known.
- b. RHMs will respond promptly and courteously to patients’ questions about their bills and requests for financial assistance.
- c. RHMs will utilize a billing process that is clear, concise, correct and patient friendly.
- d. RHMs will make available information about charges for services they provide in an understandable format.
- e. RHMs will post signs and display brochures that provide basic information about their FAP in public locations (i.e., patient lobby registration areas as well as emergency room waiting areas).

- f. RHM's will make available a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process. An RHM will not have failed to widely publicize its FAP because an individual declines a plain language summary that was offered on intake or before discharge or indicates that he or she would prefer to receive a plain language summary electronically.
- g. RHM's will make the FAP, a plain language summary of the FAP and the FAP application form available to patients upon request, in public places (at a minimum, the emergency room (if any) and admission areas) in the RHM, by mail and on the RHM website. Any individual with access to the Internet must be able to view, download and print a hard copy of these documents. The RHM must provide any individual who asks how to access a copy of the FAP, FAP application form, or plain language summary of the FAP online with the direct website address, or URL, where these documents are posted.
- h. RHM's will list the names of individual doctors, practice groups or any other entities that are providing emergency or medically necessary care in the RHM's facility by the name used either to contract with the hospital or to bill patients for care provided. Alternately, a hospital facility may specify providers by reference to a department or a type of service if the reference makes clear which services and providers are covered under the RHM's FAP.
- i. These documents will be made available in English and in the primary language of any population with limited proficiency in English that constitutes more than 5 percent of the residents of the community served by the RHM.
- j. RHM's will take measures to notify members of the community served by the RHM about the FAP. Such measures may include, for example, the distribution of information sheets summarizing the FAP to local public agencies and nonprofit organizations that address the health needs of the community's low income populations.
- k. RHM's will include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under the RHM's FAP and includes the telephone number of the RHM's department that can provide information about the FAP, the FAP application process and the direct Web site address (or URL) where copies of the FAP, FAP application form, and plain language summary of the FAP may be obtained.
- l. RHM's will refrain from initiating ECA(s) until 150 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient. RHM's will also ensure all vendor contracts for business associates performing collection activity will contain a clause or clauses prohibiting ECA(s) until 150 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient.
- m. RHM's will provide patients with a written notice that indicates financial assistance is available for Eligible Patients, identifies the ECA(s) that the RHM (or other authorized party)

intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided. RHMs will include a plain language summary of the FAP with the written notice and make a reasonable effort to orally notify the patient about the RHMs FAP and about how the patient may obtain assistance with the FAP application process.

- n. In the case of deferring or denying, or requiring a payment for providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the RHM's FAP, the RHM may notify the individual about its FAP less than 30 days before initiating the ECA. However, to avail itself of this exception, a RHM must satisfy several conditions. The RHM must:
 - i. Provide the patient with an FAP application form (to ensure the patient may apply immediately, if necessary) and notify the patient in writing about the availability of financial assistance for eligible individuals and the deadline, if any, after which the hospital facility will no longer accept and process an FAP application submitted by the patient for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided. Thus, although the ECA involving deferral or denial of care may occur immediately after the requisite written (and oral) notice is provided, the patient must be afforded at least 30 days after the notice to submit an FAP application for the previously provided care.
 - ii. Notify the patient about the FAP by providing a plain-language summary of the FAP and by orally notifying the patient about the hospital facility's FAP and about how the patient may obtain assistance with the FAP application process.
 - iii. Process the application on an expedited basis, to ensure that medically necessary care is not unnecessarily delayed if an application is submitted.

The modified reasonable efforts discussed above are not needed in the following cases:

- i. If 150 days have passed since the first post-discharge bill for the previously provided care and the RHM has already notified the patient about intended ECAs.
 - ii. If a RHM had already determined whether the patient was FAP-eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the patient was FAP-eligible for the previously provided care.
- o. A payment plan will be deemed inoperative after the patient has failed to make a payment for 90 days. The RHM or business associate must attempt to contact the patient in writing and via phone to re-negotiate the payment plan before initiating ECA(s).

- p. RHMs will provide written notification that nothing is owed if a patient is determined to be eligible for Free Care.
- q. RHMs will provide patients that are determined to be eligible for assistance other than Free Care, with a billing statement that indicates the amount the patient owes for care as a FAP-Eligible Patient. The statement will also describe how that amount was determined or how the patient can get information regarding how the amount was determined.

IV. Fair Billing and Collection Practices

- a. RHMs will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations. Patients will be able to request a review of information used to determine Financial Support.
- b. RHMs will make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance. RHMs will also offer a loan program for patients who qualify.
- c. RHMs will have written Procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this Procedure. (See Exhibits D & E.)
- d. The following collection activities may be pursued by the Trinity Health RHM or by a collection agent on their behalf:
 - i. Communicate with patients (call, written correspondence, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying the RHM. The patient communications will also comply with HIPAA privacy regulations.
 - ii. Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws.
 - iii. Provide low-interest loan program for payment of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements. In California if part of the account is charity with the balance on a loan, the loan must be interest free. For California patients meeting eligibility requirements, in those situations for which payment agreements cannot be reached during the negotiation process a payment plan will be established consisting of monthly payments that do not exceed 10% of the patient's familial monthly income excluding deductions for "essential living expenses". Essential living expenses are defined as rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

- iv. Report outstanding debts to Credit Bureaus only after all aspects of this Procedure have been applied and after reasonable collection efforts have been made in conformance with the RHM FAP.
 - v. Pursue legal action for individuals who have the means to pay, but do not pay, or who are unwilling to pay. Legal action also may be pursued for the portion of the unpaid amount after application of the RHM's FAP. An approval by the Trinity Health or RHM CEO/CFO, or the functional leader for Patient Financial Services for those RHMs utilizing the Trinity Health shared service center, must be obtained prior to commencing a legal proceeding or proceeding with a legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
 - vi. Place liens on property of individuals who have the means to pay, but do not, or who are unwilling to pay. Liens may be placed for the portion of the unpaid amount after application of the RHM FAP. Placement of lien requires approval by the Trinity Health or RHM CEO/CFO, or the functional leader for Patient Financial Services for those RHMs utilizing the Trinity Health shared service center. Liens on primary residence can only be exercised upon the sale of property and will protect certain asset value in the property as documented in each RHM's Procedure. The Western Region will protect the first \$100,000.
- e. RHMs (or a collection agent on their behalf) shall not pursue action against the debtor's person, such as arrest warrants or "body attachments." Trinity Health recognizes that a court of law may impose an arrest warrant or other similar action against a defendant for failure to comply with a court's order or for other violations of law related to a collection effort. While in extreme cases of willful avoidance and failure to pay a justly due amount when adequate resources are available to do so, a court order may be issued; in general, the RHM will first use its efforts to convince the public authorities not to take such an action, and, if not successful, consider the appropriateness of ceasing the collection effort to avoid an action against the person of the debtor.
 - f. RHMs (or a collection agent on their behalf) will take all reasonably available measures to reverse ECAs related to amounts no longer owed by FAP-Eligible Patients.
 - g. RHMs may have a System Office approved arrangement with a collection agency, provided that such agreement meets the following criteria:
 - i. The agreement with a collection agency must be in writing;
 - ii. Neither the RHM nor the collection agency may at any time pursue action against the debtor's person, such as arrest warrants or "body attachments;"
 - iii. The agreement must define the Standards and scope of practices to be used by outside collection agents acting on behalf of the RHM, all of which must be in compliance with this Procedure;

- iv. No legal action may be undertaken by the collection agency without the prior written permission of the RHM;
- v. Trinity Health Legal Services must approve all terms and conditions of the engagement of attorneys to represent the RHM in collection of patient accounts;
- vi. All decisions as to the manner in which the claim is to be handled by the attorney, whether suit is to be brought, whether the claim is to be compromised or settled, whether the claim is to be returned to the RHM, and any other matters related to resolution of the claim by the attorney shall be made by the RHM in consultation with Trinity Health Legal Services;
- vii. Any request for legal action to collect a judgment (i.e., lien, garnishment, debtor's exam) must be approved in writing and in advance with respect to each account by the appropriate authorized RHM representative as detailed in section V.
- viii. The RHM must reserve the right to discontinue collection actions at any time with respect to any specific account; and
- ix. The collection agency must agree to indemnify the RHM for any violation of the terms of its written agreement with the RHM.

V. Implementation of Accurate and Consistent Policies

- a. Representatives of the RHM's Patient Financial Services and Patient Access departments will educate staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, physician offices) about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.
- b. RHMs will honor Financial Support commitments that were approved under previous financial assistance Guidelines. At the end of that eligibility period the patient may be re-evaluated for Financial Support using the Guidelines established in this Procedure.

VI. Other Discounts

- a. **Self-Pay Discounts:** RHMs will apply a standard uninsured discount off of charges for all registered self-pay patients that do not qualify for financial assistance (e.g., > 400% of FPL) based on the highest commercial rate paid. (See Exhibit A.)
- b. **Additional Discounts:** Adjustments in excess of the percentage discounts described in this Procedure may be made on a case-by-case basis upon an evaluation of the age and collectability of the account and authorized by the RHM's established approval levels. (See Exhibit E.)

SCOPE/APPLICABILITY

This Procedure applies to all Trinity Health RHM's that operate licensed tax-exempt hospitals. Trinity Health organizations that do not operate tax-exempt licensed hospitals may establish their own financial assistance Procedures for other health care services they provide and are encouraged to use the criteria established in this FAP Procedure as guidance.

Should any provision of this FAP conflict with the requirement of the law of the state in which the Trinity Health RHM operates, state law shall supersede the conflicting provision and the RHM shall act in conformance with applicable state law.

DEFINITIONS:

Application Period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement is provided to the patient or either –

- i. The end of the 30-day period that patients who qualified for less than the most generous assistance available based upon presumptive support status or prior FAP eligibility are provided to apply for more generous assistance.
- ii. The deadline provided in a written notice after which ECAs may be initiated.

Amounts Generally Billed ("AGB") means the Amounts Generally Billed for emergency or other medically necessary care to patients who have insurance covering such care. The RHM's acute and physician AGB will be calculated utilizing the look back methodology of calculating the sum of paid Medicare claims divided by the total or "gross" charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30-day lag from report date to the most recent discharge date.

Discounted Care means a partial discount off the amount owed for patients that qualify under the FAP.

Eligible Patient is an individual who meets the eligibility criteria described in this Policy, whether he or she is (1) uninsured; (2) receives coverage through a public program (e.g., Medicare, Medicaid, or subsidized health care coverage purchased through a health information exchange), or (3) an insured patient with co-pay, deductible, and co-insurance amounts.

Emergent medical services are those needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

Executive Leadership Team ("ELT") means the group that is composed of the highest level of management at Trinity Health.

Extraordinary Collection Actions ("ECA") include the following actions taken by a RHM (or a collection agent on their behalf):

- Deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP. If a RHM requires payment before providing care to an individual with one or more outstanding bills, such a payment requirement will be presumed to be because of the individual's nonpayment of the outstanding bill(s) unless the RHM can demonstrate that it required the payment from the individual based on factors other than, and without regard to, his or her nonpayment of past bills.
- Reporting outstanding debts to Credit Bureaus.
- Pursuing legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
- Placing liens on property of individuals.

Family (as defined by the U.S. Census Bureau) is a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility under the RHM's FAP.

Family Income - A person's Family Income includes the income of all adult Family members (related by birth, marriage, or adoption) in the household. For patients under 18 years of age, Family Income includes that of the parents and/or step-parents, or caretaker relatives' annual income from the prior 12-month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate or using previous year's tax returns.

Federal Poverty Guidelines (FPG) establishes the levels of annual income for poverty as determined by the United States Department of Health and Human Services and are updated annually in the Federal Register.

Financial Assistance Policy ("FAP") means a written Policy and Procedure that meets the requirements described in §1.501(r)-4(b).

Financial Assistance Policy ("FAP") Application means the information and accompanying documentation that a patient submits to apply for financial assistance under a RHM's FAP. RHMs may obtain information from an individual in writing or orally (or a combination of both).

Financial Counseling is the process used to assist patients to explore the various financing and health coverage options available to pay for services rendered by a Trinity Health RHM. Patients who may seek financial counseling include, but are not limited to, uninsured, Underinsured, and those who have expressed an inability to pay the full patient liability.

Financial Support means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health

who meet the eligibility criteria for such assistance and who have exhausted public and private payer sources.

Free Care means a full discount off the amount owed for patients that qualify under the FAP.

Homeless describes the status of a person who resides in one of the places or is in a situation described below:

- in places not meant for human habitation, such as cars, parks, sidewalks; or
- in an emergency shelter; or
- in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; or
- in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Medical Necessity is defined as documented in each RHM's state's Medicaid Provider Manual.

Policy means a statement of high-level direction on matters of strategic importance to Trinity Health or a statement that further interprets Trinity Health's governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

Plain language summary of the FAP means a written statement that notifies a patient that the hospital facility offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

- A brief description of the eligibility requirements and assistance offered under the FAP.
- A brief summary of how to apply for assistance under the FAP.
- The direct Web site address (or URL) and physical locations where the patient can obtain copies of the FAP and FAP application form.
- Instructions on how the patient can obtain a free copy of the FAP and FAP application form by mail.
- The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and provide assistance with the FAP application process.
- A statement of the availability of translations of the FAP, FAP application form, and plain language summary of the FAP in other languages, if applicable.
- A statement that a FAP-Eligible Patient may not be charged more than AGB for emergency or other medically necessary care.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Regional Health Ministry ("RHM") means a first tier (direct) Subsidiary, affiliate or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. RHMs may be based on a geographic market or dedication to a service line or business.

Service Area is the list of zip codes comprising a RHMs service market area constituting a "community of need" for primary health care services.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Health RHM is the sole corporate member or sole shareholder.

Underinsured is an individual who, despite having health care coverage, finds that the obligation to pay insurance premiums, copayments, coinsurance, and deductibles is such a significant financial burden that he or she delays or does not receive necessary health care service due to the out-of-pocket costs.

Uninsured Patient means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which Trinity Health is subrogated, but only if payment is actually made by such insurance company.

Urgent (service level) are medical services needed for a condition that is not life threatening, but requiring timely medical services.

Vulnerable include those whose health and well-being are considered to be more at-risk than the general population due to socioeconomic status, illness, ethnicity, age, or other disabling factors.

REFERENCES:

- Patient Protection and Affordable Care Act: Statutory section 501(r), Public Law
- Internal Revenue Service, Instructions for Schedule H (Form 990)
- Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Final Rule: Volume 79, No. 250, Part II, 26 CFR, Part 1
- State of California AB774 (Chapter 755, Statutes of 2006; also called the Hospital Fair Pricing Policies Law)
- Federal Register and the Annual Federal Poverty Guidelines
- IRS Code, 26 CFR Parts 1 and 53 and 1545-BL58 Additional Requirements for Charitable Hospitals
- Catholic Health Association of the United States – A Guide for Planning & Reporting Community Benefit

APPROVALS

Initial Approval: April 1, 2014

Revised: 8/6/2014
Revised 8/14/2014
Revised 3/13/2015
Revised 7/1/2016

Appendix F

**SAINT AGNES MEDICAL CENTER
REPORT OF COMMUNITY BENEFIT MINISTRY
FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Persons Served</u>	<u>Amount</u>
Ministry for the poor and underserved		
Charity care at cost	4,293	\$2,511,478
Unpaid costs of Medi-Cal program	97,167	19,747,998
Community health services	44,305	1,431,885
Financial contributions	-	114,250
Ministry for the poor and the underserved	145,765	23,805,611
 Ministry for the broader community		
Community health services	3,191	340,971
Health professions education	1,005	2,554,507
Community benefit operations	-	194,052
Financial contributions	-	160,138
 Ministry for the broader community	4,196	3,249,668
 Total Community Benefit Ministry	<u>149,961</u>	<u>\$27,055,279</u>
 Percentage of Operating Revenue		 <u><u>5.3%</u></u>

**SAINT AGNES MEDICAL CENTER
COMMUNITY BENEFIT MINISTRY ACTIVITY
FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Persons Served</u>	<u>Total Expense</u>	<u>Offsetting Revenue</u>	<u>Net Community Benefit</u>
Ministry for the Poor and Underserved				
Charity Care at Cost:				
Traditional Charity Care	4,293	\$2,511,478		\$2,511,478
Unpaid Costs of Medi-Cal Program:				
From Hospital Operations	77,758	127,774,000	95,004,000	32,770,000
From SAMF Operations	19,409	4,914,000	1,775,000	3,139,000
HQAf Program		39,804,249	55,965,251	(16,161,002)
	97,167	172,492,249	152,744,251	19,747,998
Community Health Services:				
Holy Cross Center for Women	38,896	681,617	152,584	529,033
Donation of Medical Supplies		299,241		299,241
Holy Cross Medical Clinic at Poverello	2,541	281,007	4,138	276,869
Transportation Voucher Program	2,349	187,868		187,868
Medi-Cal Eligibility Assistance	290	76,714		76,714
Financial Assistance for Poor Patients	152	61,192	12,204	48,988
Durable Medical Equipment	77	13,172		13,172
	44,305	1,600,811	168,926	1,431,885
Financial Contributions:				
Fresno First Steps Home		70,000		70,000
Fresno County EOC		25,000		25,000
Catholic Charities		13,500		13,500
Turning Point of Central California		5,000		5,000
Other Financial Contributions		750		750
		114,250	-	114,250
Ministry for the Poor and the Underserved	145,765	176,718,788	152,913,177	23,805,611

**SAINT AGNES MEDICAL CENTER
COMMUNITY BENEFIT MINISTRY ACTIVITY
FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Persons Served</u>	<u>Total Expense</u>	<u>Offsetting Revenue</u>	<u>Net Community Benefit</u>
Ministry for the Broader Community				
Community Health Services:				
Health HUB	345	110,655		110,655
Chronic Disease Self-Management Program	422	89,151		89,151
Health Care Enrollment Assistance	1,704	64,167		64,167
Sickle Cell Program	118	56,316		56,316
Support Group, Better Breathers Club	164	4,816		4,816
Support Group, New Mom	100	3,874		3,874
Support Group, Grief Support Group	108	2,555		2,555
Support Group, Ostomy Support Group	230	2,112		2,112
Gift in Kind - Clinical Pastoral Education (CPE)		4,277		4,277
Gift in Kind - Fresno Women's Network		3,049		3,049
Support Group, Brain Tumor	-	-		-
	3,191	340,971	-	340,971
Community Benefits Operations:				
Community Benefits Operations		172,664		172,664
Other Community Benefits Costs		14,146		14,146
Community Health Needs Assessment		7,242		7,242
	-	194,052	-	194,052
Health Profession Education:				
Graduate Medical Education	16	1,166,253		1,166,253
Nurses and Nursing Students	778	1,074,316		1,074,316
Other Health Professions	211	313,938		313,938
	1,005	2,554,507	-	2,554,507
Financial Contributions				
CSUF Foundation		25,000		25,000
Saints Rest Community Economic Development		25,000		25,000
Every Neighborhood Partnership		20,200		20,200
California Health Collaborative		12,500		12,500
Central California Womens' Conference		11,000		11,000
Foundation for Clovis Schools		10,000		10,000
Other Financial Contributions		56,438		56,438
	-	160,138	-	160,138
Ministry for the Broader Community	4,196	3,249,668	-	3,249,668

XXX